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may be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4	87	STATE REGISTRAR			CERTIF	ICATE OF DEATH	8 REG. N	0.	9 0	4. 4
		CEASED NAME FIRS	Francis Th	omas Mace	. Jr	AST	July 30,	1987	YEAR	26 HOUR
/			4. RACE	WHAT COUNTRY?	5. DATE O	e 14, 1908	6 AGE (IN YEARS LAST BIR 79 9 BALTIMORE CITY O Baltimore	YRS.	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS
)		TY OR TOWN OF DEATH Baltimore	(IF NOT IN SUC Elkri	dge Estat	HOME (DDRESS)	Apt. # 2021	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O Manager	ION	INDUSTRY	MD. F BUSINESS OR Packing
	13a. S			Baltimor	1	13d INSIDE CITY LIMITS? YES NO A	32 Overr	ZIP CODE idge Ct	. 21	1210
	14 FA	Francis T	homas Mace	, Jr.		CIDES	ra Summers		LAST	F
		VAS DECEASED EVER IN U.S	S. ARMED FORCES? ES, GIVE WAR OR DATES)	166 SOCIAL SECUR 215 07 04		Mrs. Elizabet	ADDRE th H. Mace		lge Est	tates -10
	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								year
2	CERTIFICATION	7/25/ SY	19b. CONDI		OPERATIO CON	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, VILLE CERTIFY IN YES [WERE FINDIN	
	MEDICAL CER	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ((IF EITHER, NOTIFY MEDICAL EXA 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220. I certify that (1) (this sow the deceased almobre, (1) (we) (did) (d) 22b. SIGNATURE	DE DEATH MINER) P.J 21e PLACE (AT HOME, STR hospital) attended the	M. MONTH DA' M. DF INJURY EET, FACTORY, OFFICE, FA e deceased from	19 RM, ETC	DEGREE ATTENDING	CITY OR TO	, 19. ate and hour of	COUNTY	
1		PAV UEC		EN,	NO	22e ADDRESS	cen or		cro,	we xu
	23o 8	BURIAL, CREMATION, REMO	23b. DATE Q /3/Q			EMETERY OR CREMATORY	23d LOCATION	noro M	OUNIY	STAIF

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. should be deteche MPORTANT, IF IS

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24 FUNERAL DIRECTOR MITCHELL-WIEDEFELD HOME, INC.

Sie Birton Ro

6500 York Rd.

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0 0 000	1	REGISTRAR 130			er F.H.	-	FICATE OF DEATH		8 / REG. NO		Y YEAR	4 3
m £		OR PRINT	FIRST		WIDDLE		IASI	20.	DATE OF DEATH	WONTH D.	NI, TEAR	7:00 BM
boge 3	3 SEX	,		mer Nelso	n Macken	TS DATE	OF BIRTH	16.	07/11/87 AGE (IN YEARS LAST BIRT	HDAY)	F UNDER I YEAR	IF UNDER 24 HRS
of the state of th	J 3E					MONT	H DAY YEAR				ONTHS DAYS	HOURS MIN.
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25 25		Maryland		U.S.A		MARRIE	D NEVER MARRIED		Paltimo		MD	
72	10 CI	TY OR TOWN OF DEA	ГН 1	1. NAME OF			OR OTHER INSTITUTION		USUAL OCCUPATION	N	126. KIND C	F BUSINESS OR
file of		woodlawn		2026 Re	end Road			1.	/echanical			
d be		L RESIDENCE (IF NURSIT	136 COUNT		GIVE RESIDENCE BEFOR		134 INSIDE CITY LIMI	ITS? 13e	STREET ADDRESS /	ZIP CODE	21	207
The state of		Maryland	Balt	imore	Woodlawn		YES NO		MAS REEDER	3 202	7 Read	Rd.
and seed and	14. FA	THER'S NAME	M	IDDIE	LAST		15 MOTHER'S MAIDE	ENNAME	MIDDLE		LAS	51
02		Elmer E. Mac			1		Jessie D	mle	10005			
Poges medica		VAS DECEASED EVER I		VAR OR DATES	166 SOCIAL SECU	JRITY NO.			vina Macken	55		
		No			212-07-	7392	2027 Reed B	Poso Re	ead Rd.	altimo		amd 21207
physicia anpopers emaval. event, the		18 CAUSE OF DEATH	LEnter only	one cause per			7.				BETWEEN	MATE INTERVAL ONSET AND DEATH
on pharement				CAUSE (a)	KESPIRA	TORY	FAILURE					aqys
corb corb				DUE TO, O	R AS A CONSEOU			_				V-1/
atte atrian raun		Conditions, if any, gove rise to imm		(b)_	METASTI	4TIC	COLONIC C	ARLI	NOMA (A)	ENOCA	RLINOM	A THE
The The		cause (a), stating	g the	DUE TO, O	R AS A CONSEQU	ENCE OF					-	
d by lease ial, c		underlying couse		((c)_								
en pl en pl bury, o	z		A		1.	DEATH BUT	NOT RELATED TO THE					
t Th iar ta	OIT	CORONAR	4	TERY (IN EASE	COPD	ON WAS PERFORMED		AL FIBRILL 200 AUTOPSY?		WERE FINDI	
bas be	CERTIFICATION	AUGUST	. /*	10.			BSTRUCTION	. \	YES NOT		ING CAUSES	
core consist Hygin Hygin	CER	210 ACCIDENT WAS UND		21b. TIME C			21c HOW INJURY OF	CCURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18 PA	RT 1 OR PART 21	
and in the		OR CONTRIBUTING C		"	.M. MONTH D .M.	AY TEAK						
d We	MEDICAL	21d INJURY OCCURR		21e PLACE	OF INJURY		21f LOCATION STREET		CITY OR TO	VN	COUNTY	STATE
ter the sthe	Σ	WHILE NOT WHI	LE 🔲	(A) HOME 51	REET FACTORY OFFICE	FARM EIC)	SINCE					2
S. Af		220.1 certify that (1)	this haspite				ust , 19 1	8/	to June	1	987	that (II)(we) last
for the state of H		saw the decease abave (1) (we) (d	d alive on	view the body	after death	870.0	and that in (aur) ap	pinian dea	th accurred on the do	te and haur	and fram the	causes stated
thed sept.		226. SIGNATURE		101	2		DEGREE		/	_	DATE	SIGNED
AL D deto ote D T: If		marle	me -	7. Jule	our		ATTENDI PHYSICI	IAN D	NEDICAL STAF		July	13,1987
TAN TAN		22d PHYSICIAN'S NA	ME (TYPE OR	PRING			22e ADDRESS		1.1	7	8 1	
TO FUNERAL should be de- with the Store		Dr.	Marl	lene Ja	Ro		16609 Pas	rKH	eights Ave	nue	Belle	more 21.
F to 3 ≥ 7	230 8	BURIAL, CREMATION, I	REMOVAL	236 DATE	231	NAME OF	CEMETERY OR CREMAT	TORY	234 LOCATION CITY OF TOWN		COUNTY	STATE
P		Burial		7/15/	/87	omair	e Park Cemete	my.				
H - 16 60M 7/84	24 FI	JNERAL DIRECTOR	Loring	Byers F	uneral.Dire	ectors,	Inc	50 DATE RE	C'D. BY REGISTRAR	75k REGISTI	AR'S SIGNA	TURE
(VRA 15, 4)		8728 Liberty	-	_		_		7	UL 13 20	7 July	a Davido	on-Mandain

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filled in by the funeral director page 3 and be filed within 72 hours after death

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STATE OF MARYLAND

23	OR ME EGISTRAR		DEPARTMENT OF	HEALTH AND MENTAL HYO	GIENE / REG. NO	904	6			
	ASED NAME FIRST	MIDDLE		(AST	20 DATE OF DEATH A	ONTH DAY YEAR 26	HOUR			
TYPE OR		tichael Vema	Merehe Sr		7/20/87					
3 SEX		4. RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTH		JNDER 24 HRS			
	Male	Convene	MONI 12	/22./42	11		URS MIN.			
70 BIRTH	IPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	I COUNTRY? 8		9 BALTIMORE CITY OR	COUNTY OF DEATH				
COU	NIRY)	77.0.3		DENEVER MARRIED						
IO CITY	Maryland OR TOWN OF DEATH	U.S.A.	WIDOW	DR OTHER INSTITUTION	Baltimor		JSINESS C			
		(IF NOT IN SUCH FACE	ILITY, GIVE STREET ADDRESS)		(TYPE OF WORK FOR MOST OF					
	Ito. Highlands RESIDENCE (IF NURSING HOME)	2725 Yams			Disabled					
130 STA		JNTY 13c.	CITY OR TOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE 2122	7			
		altimore E	alto, Highlan		2725 Yamall	Road				
14 FATH	ER'S NAME FIRST	MIDDLE	LAST	15 MOTHER'S MAIDEN NA	AME	LAST				
H	any Milton Mag	aha		Edith Ovil:	ia Da	vis				
160 WAS	S DECEASED EVER IN U.S. A	RMED FORCES? 166	SOCIAL SECURITY NO.		Edith O. Sinno	§.				
(YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) NO 214-40-2155 490 Mirabile Iane Fassex Marc										
						APPROXIMATE BETWEEN ONSE				
118	PART I. DEATH WAS CAUS	SED BY	10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	here kalameri		BETWEEN ONSE	AND DEAL			
	IMMEDI	ATE CAUSE (a)	"walker	MECKAGAMA		h	nin			
ç	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF the number of the production o									
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN										
CERTIFICATION	DATE OF OPERATION	14 CONDITION	FOR WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	70b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES \(\bigcup \)	USED DEATH?			
W 21	a ACCIDENT WAS UNDERLYING		(URY)	21c HOW INJURY OCCUP	REDA (ENTER NATURE OF INJURY	IN ITEM TO PART I OR PART 2)				
¥ °	R CONTRIBUTING CAUSE OF D		MONTH DAY YEAR	1 1/1	A					
\simeq	d INJURY OCCURRED	21e PLACE OF IN	JURY /// /	TH LOCATION						
	WORK NOT WHITE	(AT HOME STREET F.	ACTORY CONTROL OF	1010	CITY OR TOW	COUNTY	STATE			
-	a-I certify that (I) (this has	nital) attended the dec	reased from	13/87 10	- to	19 that	(li (we) l			
· ·	sow the deceased alive t	1/15/8	19	and that in (my) (our) opinion	death accurred on the da	e and hour and from the cou-				
22	obove, (1) (we) (did) (did	not view the body ofter	depth.	DEGREE		22c. DATE SIG	NED			
'	SIGNATURE S	shaban	M	1 ATTENDING	MEDICAL STAF	12-1	8-23			
22	H PHYSICIAN'S NAME (TYP	OR PRINT)		22e ADDRESS		•				
	Dr . Baying	nah Shabazz		606 Hammond	s Lane Suite	V6 21225				
23a BUR	IAL, CREMATION, REMOVA			CEMETERY OR CREMATORY	23d LOCATION	10 (122)				
(SPE	C1FY}				CITY OR TOWN	County	STATE			
	Arrial	7-24-87	Lake V	iew Cemetery	Sykesville	Carroll				

should be detached for use as the burral-transit permit. Then with the State Dept- of Health and Mental Hygiene prior to by TO FUNERAL DIRECTOR: After this certificate has been sign

etained by the haspital or attending physician

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IMPORTANT: If them 21 is marked or thomal 8 spows any

DHMH - 16 60M 7/84 (VRA 15, 4)

Loring Byers Funeral, Directors, Inc 8728 Liberty Road Randallstown Maryland 21133

Gulia Diordon Rodola

JUL 2 2 1987

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter retained by the hospital or attending physician.

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STATE OF MARYLAND

ASEEN NAME FREST The DATE OF BEATH MODIFY THAT	FOR STATE	DEPAR		LTH AND MENTAL HYG	IENE O 7	100	1 /1 7
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Male White Whi							
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10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12 USUAL OCCUPATION 13 KIND OF BUSINESS OF DEATH 13 KIND OF BUSIN			MARRIED	2222	_	COUNTY OF DEATH	
Table Tabl					12a LISUAL OCCUPATIO	WORKING LIFE) 126 KINE	ël Co.
The matter of the property of the form of the control of the contr	13a. STATE 13b COU	timore Middle			13e.STREET ADDRESS 4		
THE CAUSE OF DEATH IEnter only one couse per line for rot, rib. and rot learning to the line of large part 1.0 b. and rot learning to the line of large part 1.0 b. and rot learning to the line of large part 1.0 b. and rot learning to the line of large part 1.0 b. and rot learning to the line of large part 1.0 b. and rot learning to the line of large part 1.0 b. and rot learning to the line of large part 1.0 b. and rot learning to the line of large part 1.0 b. and rot learning to the line of large part 1.0 b. and rot learning to the line of large part 1.0 b. and rot learning to the line of large part 1.0 b. and rot learning to the line of large part 1.0 b. and large part 1.0	FIRST	antell LAST	1:		Ogden MIDDLE		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Sustanined Ventricular Tachycardia/ Fibrillation Befractory of Befractory of Befractory of Ration Probable Ischemic Heart Disease, History of 3 Due to Bras a Consequence of Myocardial Infarction Conditions, if any, which gove rise to immediate couse 101, isothing the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 History of Heavy Alcohol Abuse Possible Cirrhosis of the liver 198 DATE OF OPERATION PROBABLE 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 198 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 216 ACCIDENT WAS UNDERLYING CAUSES OF DEATH YES NO 198 CAUSE OF DEATH YES NO 198						r Joppa,	Md. 2180
DECONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAR ITELLIBETHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21d NOUR COUNTY STATE 21d	underlying couse lost. PART 2 OTHER SIGNIFICANT	(c) Aspiration CONDITIONS CONTRIBUTING TO Heavy Alcohol A	on Pneum O DEATH BUT NO Abuse	onia ot related to the tera Possible Cir	AINAL DISEASE OR COND Thosis of the 120s AUTOPSY?	e liver	IDINGS USED
220. I certify that (I) (this hospitol) attended the deceosed from July 17 19 87, to July 18 19 87, that (I) (we) lo saw the deceased clive on July 18 19 87, and that in (my) (our) opinion death occurred on the date and hour and liam the couses stoted obove, (I) (we) (did not) view the bady after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN JUly 18, 210. PHYSICIAN'S NAME (TYPE OR PHYLI) Alfonzo Ruiz, M.D. 9000 Franklin Square Drive, 21237	OR CONTRIBUTION CONTRACTOR OF OF	ATH HOUR A.M. MONTH	DAY YEAR	it. HOW INJURY OCCUR			
220.1 certify that (1) (this hospital) attended the deceased from duly 17, 19, 87, to July 18, 19, 87, that (1) (we) less with deceased alive on July 18, 19, 87, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated obove, (1) (we) (did nat) view the bady after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DULY 18, 1276 ADDRESS Alfonzo Ruiz, M.D. 9000 Franklin Square Drive, 21237					CITY OF TOW	N COUNTY	STATE
Obove, (1) (we) (did) (did not) view the body after death	220.1 certify that (1) (this hosp	11111/19	97	. 19	, to		
PHYSICIAN DIRECTOR PHYSICIAN JULY 18, 212 PHYSICIAN S NAME (1YPE OR PRIVIT) 213 PHYSICIAN DIRECTOR PHYSICIAN JULY 18, 214 PHYSICIAN DIRECTOR PHYSICIAN JULY 18, 215 ADDRESS Alfonzo Ruiz, M.D. 9000 Franklin Square Drive, 21237	obave, (1) (we) (did) (did no			GREE		27c DA	ATE SIGNED
	THE PHYSICIAN'S NAME (TYPE	WZ mi) .		PHYSICIAN [an Ju	ıly 18,
23c NAME OF CEMETERY OF CREMATORY 123d LOCATION	Alfonzo Ru					Drive, 21	1237
	234-HUBIAL, CREMATION, REMOVAL	7/21/87 236	m 'm' m'		CITY OF LOWAL	Forest Ba	lto Co.M

DHMH - 16 60M (VRA 15, 4)

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Old Eastern Ave

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STATE OF MARYLAND

JUL 3	18	STATE REGISTRAR	DEPARTI		ICATE OF DEATH	IENE REG. N	0. 1 6	0.4
	1. DE	CEASED NAME FIRST	MIDDLE	1	AST	20 DATE OF DEATH	MONTH DAY Y	EAR 26 HOUR
		Harr			zke	Naly	29 198	1 1100
	3. SE	h	4 RACE	5 DATE C	OF BIRTH	6 AGE IN YEARS LAST BIR		TYEAR IF UNDER 24 HI
	1	Female	white	Mai	rch 31 1894	43	YRS.	
2	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C		
3		1to., MD	United States	WIDOWE	DIVORCED	100	more Cour	nty
	Be	1/timore	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY GIVE STREET MEVIDIAN PERVI	ng P	arkway	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Saleslady	DE INCORNANCE MARCHE IN ITS I	IND OF BUSINESS (STRY genroder
505	MD	STATE 135 COU Balt	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13 STREET ADDRESS 2837 Unitar	ZIP CODE	Balto. 21
10			shington Speake		Janet	O.		lkër
View	- 4	WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI			17 INFORMANT George W. Man		2837 Ontar	
or other troumotic e		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSTOUL (c) (c)	ENCE OF	artigerus		BET	IPPROXIMATE INTERVAL WEEN ONSET AND DEAT
any injury, o	CERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO			INAL DISEASE OR CON	20b. IF YES, WERE F	INDINGS USED
5 7	TIFIC	Land Section 1				YES NO	IN CERTIFYING CA	NO [
hem 18 sh	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D.	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART I ORPA	ART 2)
orked or t	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LATHOME STREET, FACTORY, OFFICE, F	ARM ETC)	21f LOCATION STREET	CITY OR TO	OUN (OUN	NTY STATE
21 is mo			ital) attended the deceased from 19 001) view the body after death.	1	nd that in (my) (our) opinion	, to deoth occurred on the d	ote and hour and fro	m the couses stoted
MPORTANT: If Hem 21 is r		22b. SIGNATURE	Cle			MEDICAL STA DIRECTOR PHYSIC	FF	DATE SIGNED
PORTANT			CELIAR E. PARRA, 1 7122 HARFORD RO	M.D.	22e ADDRESS			
18	Bu	BURIAL, CREMATION, REMOVA] (SPECIFY) 11131	7-31-87 MD. 232	1234FC	EMETERY OR CREMATORY Hill Cemetery	Balto.	COUNTY	- HONGALISTA
A 7/B4	24 Ft	John Miller,	Inc., 6415 Bela	ir Rd.	., 21206 250 DAT	UL 3 1 1987	256. REGISTAAR STR	GNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

ATTENDING PHYSICIAN: The low

TO HOSPITAL

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etoined by the hospital or attending physician.

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STATE OF MAKTLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

JUL	-8	- STATE REGISTRAR		CERTIF	ICATE OF DEATH	8 IREG. N	. 190	4
		CEASED NAME FIRST	WIDDLE	MARS	AST L	20. DATE OF DEATH	MONTH DAY YEAR 5 1987	26 HOUR
	_					2009		8:55 M
	3 SE	Emale	Negan	5. DATE C	PERTH PAY YEAR YEAR	6 AGE (IN YEARS LAST BIR	MONTHS DATS	HOURS MIN,
dies.	7a 81	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	JTRY? 8	- 17- 1701		PR COUNTY OF DEATH	
The same		country A.	U.S.A.	WIDOWE	D. NEVER MARRIED	ba	HO. Ca) MD.
3	_/	BATTU.		STREET ADDRESS)	-cn. Hosp.	170 USUAL OCCUPATION OF THE OF WORK FOR MOST OF	ON 126 KIND OF WORKING LIFE) INDUSTRY	OF BUSINESS OR
3	130. 3	AL RESIDENCE (IF NURSING HOME OR (STATE 13) 13)			13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	- Kederic	r Kd/S
34	57	ATHER'S NAME	WIDDLE LAS	ir	15 MOTHER'S MAIDEN NO	AME MIDDLE	Many.	1 1
0	16a V	WAS DECEASED EVER IN U.S. ARA	MED FORCES? THE SOCIAL	SECURITY NO.	17 INFORMANT	ADDRE	SS	en
medic			227-0	07-3921	NOAM: JO	nes 611	3 old Fr	ederick
1000		18 CAUSE OF DEATH (Enter only PART). DEATH WAS CAUSED IMMEDIATE) RV	b), and ici	aneit		APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
F.			DUE TO, OR AS A CONS	SEQUENCE OF				
other troum		Conditions, if ony, which gove rise to immediate couse to stating the underlying couse lost	DUE TO, OR AS A CONS	vina	y trad -	nfection		
7.00		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART II	a
2	ō	A theron	ecleration -	condi	mescula	i disers	2	
Auo smo	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDE IN CERTIFYING CAUSES YES	
om 18 sh	ICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		DAY YEAR	21¢ HOW INJURY OCCUP	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2)	
rked or la	MEDIC	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY		211 LOCATION STREET	CITY*OR TO	wn COUNTY	STATE
21 18 то		220 certify that (1) (this hospital saw the deceased alive on a obove, (1) (we) (did) (did not	3 why 5,		d that in (my) (our) opinion		ote and hour and from the	that (I) (we) last couses stated
		Shane (Sammot		ATTENDING PHYSICIAN	MEDICAL STAI	FF TIAN 7	SIGNED 5-87
Z Y		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)		22e ADDRESS			
MPORT		CHASSEM	POURMOT		P	. Country	Gan. Ho	July
_	230	URIAL CREMATION, REMOVAL	7/10/87	RT 65	DILLUN Y	23d LOCATION	COUNTY	V. A.

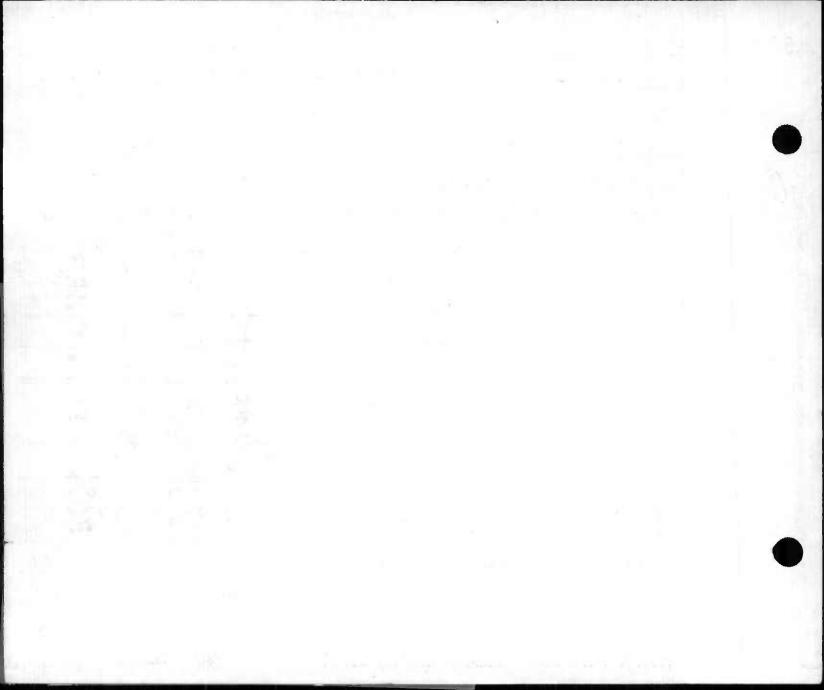
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

FOR

1350 DATE REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE
JUL 7 1987 Julia Dividus Par

Divideon-Randall



HEER SAGE

(TYPE OR PRINT)

TO BIRTHPLACE (STATE OR

PERRY HALL

10. CITY OR TOWN OF DEATH

FOREIGN COUNTRY) MARYLAND

3. SEX

MALE

Walter

4. RACE

WHITE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

H.

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

AUG. 30,1952 3.76. CITIZEN OF WHAT COUNTRY?

U.S.A.

9008 Lodi Rd.

YEAR

6 AGE (IN YEARS

34

11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION

LAST BIRTHDAY)

YRS

DATE OF BIRTH

USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH/

WIDOWED -

Martin, Jr.

IF UNDER 1 YR. IF UNDER 24 HRS.

MARRIED NEVER MARRIED XX

DIVORCED

H	REG.	Ю.	9	0	5	Û
DATE	KNOWN ESTI-		HIMOM	DAY	YEAR	26 HOUR
DEATH	MATED	X	7	20	19 87	M
DATE			HTMOM	DAY	YEAR	2d. HOUR
DEAD			7	20	19 87	9:45

BD. OF ED

9. BALTIMORE CITY OR COUNTY OF DEATH

12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS OR MOST OF WORKING LIFE)

BALT, CO

Baltimore County

2a DA

CUSTODIAN

07/84 25M

5	3a. 5		136 COUNTY		13c. CITY OR TOWN			3e STREET ADDRES	SS	
2		RYLAND	BALTIMORE		PERRY HAL		YES NO XX		DI ROAD	21236
571	14. FA	THER'S NAME	MIDDLE		LAST		15. MOTHER'S MAIDEN		DDIE	LAST
M		WALTER	Н.		MARTIN S		ARMA		М.	EIDMAN
Y	(46	(AS DECEASED EVER S, NO, OR UNKNOWN)	IN U.S. ARMED FOR (IF YES, GIVE WAR OR DA		166 SOCIAL SECURITY		17. INFORMANT	222	GLENMORE	AVENUE 21228
	NO				214-66-63	31	WALTER H.	MARTIN S	R. BALTI	MORE, MD.
		18. CAUSE OF DEAT PART I DEATH W	AS CALISED BY.							APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
- 1			IMMEDIATE CAUSE							
		Conditions, if c		UE TO, OR	AS A CONSEQUENCE O	F				1
-		gave rise to	immediate	(b)						
		couse (a) stating lying cause lost.	the <u>under-</u>	UE TO, OR A	AS A CONSEQUENCE OF	F				F
1		BART 2 ATHER CICARRELL		(c)						
	z	PART Z UTHER SIGNIFICAN	CONDITIONS CONTRIBUTE	NG TO OEATH B	UT NOT RELATED TO THE TERMIN	IAL OISEASE (OR CONDITION GIVEN IN PART	1 (a)		
-	VIIO	19a, DATE OF OPERA	TION III	h CONDITI	ION FOR WHICH OPERA	TIONIWA	C BEDE ODMEDO			
	FIC			W. CONDIN	ON FOR WHICH OPERA	TION WA	IS PERFORMED?			20 AUTOPSY?
+	CERTIFICATION	21a. EXTERNAL CAUS	SEWAS 2	b. TIME OF	INJURY	Tale HO	W INJURY OCCURRED	CANTER MATRIES OF BUILD	MAN WALLES OF THE STATE OF THE	YESXX NO [
21		UNDERLYING A			MONTH DAY YEAR				IN IN ITEM IS PART TORT	'ART 2]
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	ME	WHILE NOT AT W	WHILE X		DRY, FARM, ETC.)	STR	REET	CITY OR TOW		OUNTY STATE
-	-				ome		Lodi Rd.		Ba.	ltimore MD
				emains desc	ribed obave, held an	Autapsy	X, Inspection	, Inquiry	ond in my	pinion
		death resulted fram	Natural causes	L	Accident, Suici	ide X	Hamicide	Undetermined mar	nner,	
		ACTUAL	Mel.	Do U	(1)		TITLE (SPECIFY)		DATE	7 00 07
0		SIGNATURE		AME -	The color	M.D	Assistant	_MEDICAL EXAMI	NER SIGN	7-20-87
<		EXAMINER'S NAME (TYPE OR PRINT)	Margari	ta A.	Korell, M.I	D	DDRESS 111 Pe	enn St.,	Balto., N	4D 21201
1 2	3a BU	RIAL CREMATION R			23¢ NAME OF CEME	^		23d LOCATION		
		CREMATION	7/24	/87	WESTVIEW			CATONSV		MARYLAND
	_				KE FUNERAL H					SIGNATURE
					SVILLE, MD.			24 1987	Julia Davi	don Rondows
-			OL. MILLION	, 021101	TID.		20 1001 -	- 1307	10	
				T414.15. 144					100	Designation of the last of the

STATE OF MARYLAND

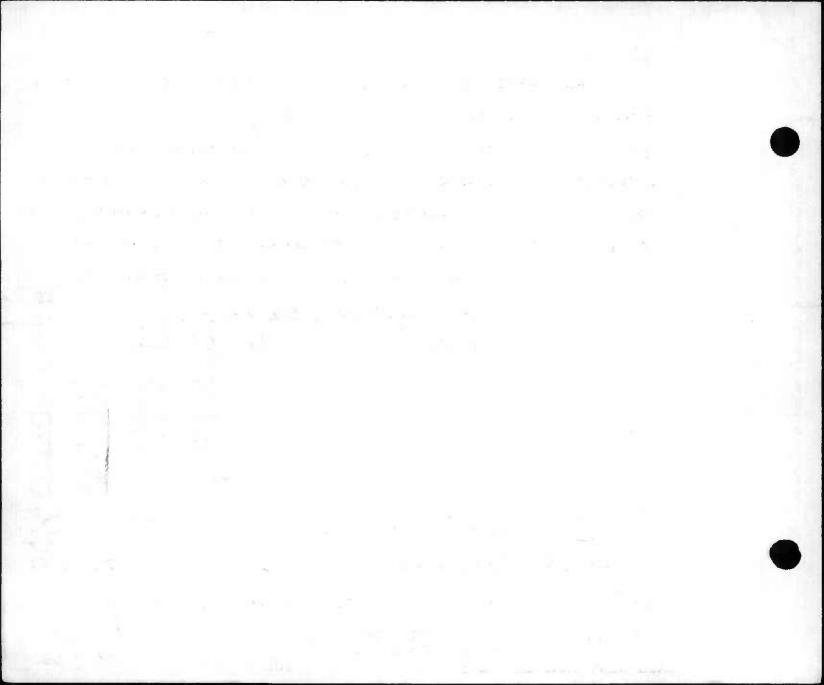
	FOR STATE REGISTRAR			DEP		OF HEALTH A	ND MENTAL	HYGIEN	b / REG	NO.	90:	5
	CEASED NAME	FIRST	N	AIDDLE		LAST		20	DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
11176	ORPRINI	KATHE	RINE	G.	MA	THEWS		J	July 6,	1987		800 AM
3. SE	Х		4. RACE			TE OF BIRTH		6 A	GE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	Female		Whit	е	1	ay 19,	1896		91	YRS	MONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF V	WHAT COUN	NTRY? 8 MA	RRIED NE	VER MARRIED	9.8	SALTIMORE CITY	OR COUN	TY OF DEATH	
	МΠ		USA			OWED	DIVORCED		Baltim	ore C	County	MD
	ITY OR TOWN OF Luther v			H FACILITY, GIVE	STREET ADORESS	6)	institution ig Home	{TY	USUAL OCCUP.	T OF WORKING	LIFE) INDUSTRY	Home
USU.	AL RESIDENCE (IF	NURSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISS	(ON)						
110	MD	13b COUN	TY	13c CITY OR Ba J	rtown ltimo		DE CITY LIMITS		STREET ADDRES		les St	., 21218
4. FA	ATHER'S NAME					15 MOT	HER'S MAIDEN	NAME				
)	Edward		MIDDLE	Grov	-	r.l k	Cather	ine	E.		endannei	r
	WAS DECEASED E				SECURITY N	10. 17 INFO	RMANT		ADI	ORESS		
	NO OR UNKNOWN	(IF YES, GIVI	E WAR OR DATES)	216 4	46 31	80 La	ouis P	. Ma	thews,	Tow	son, M	MATE INTERVAL DNSET AND DEATH
Z.	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART INC.							0				
CERTIFICATION	190 DATE OF OP!	ERATION	196 CONDI	TION FOR W	VHICH OPER	ation was p	ERFORMED		20a AUTOPŠY? YES □ NO 🕏	IN CERT	YES, WERE FINDING TIFYING CAUSES	
MEDICAL CER	21a ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY	CAUSE OF DEA	TH HOUR A./	M. MONTH M.		EAR 19		CURRED	ENTER NATURE OF	NJURY IN ITEM TE	8 PART OR PART 2)	
MED	21d INJURY OCC	T WHILE T	21e PLACE C		OFFICE, FARM ETC		STREET		CITY OF	NWOT	COUNTY	STATE
	220 I certify that saw the dec	eased alive and (did not)	t) view the bady	6	Gh ma	DEGREE	ATTENDIN PHYSICIA	nian deat		TAFF	our and from the	causes stated
_		hn W.	Bowie,	MD		500			ersity	Pkwy.	, Balt	0., MD
23e I	BURIAL, CREMATIC						OR CREMATO	ORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
24 F	Buria UNERAL DIRECTO		1 7/8/			Cathe	dral 250	DATE RE	Balto CD. BY REGISTR	AR 256 REGI	ISTRAR'S SIGNAT	MD

DHMH - 16 60M 7/84 (VRA 15, 4)

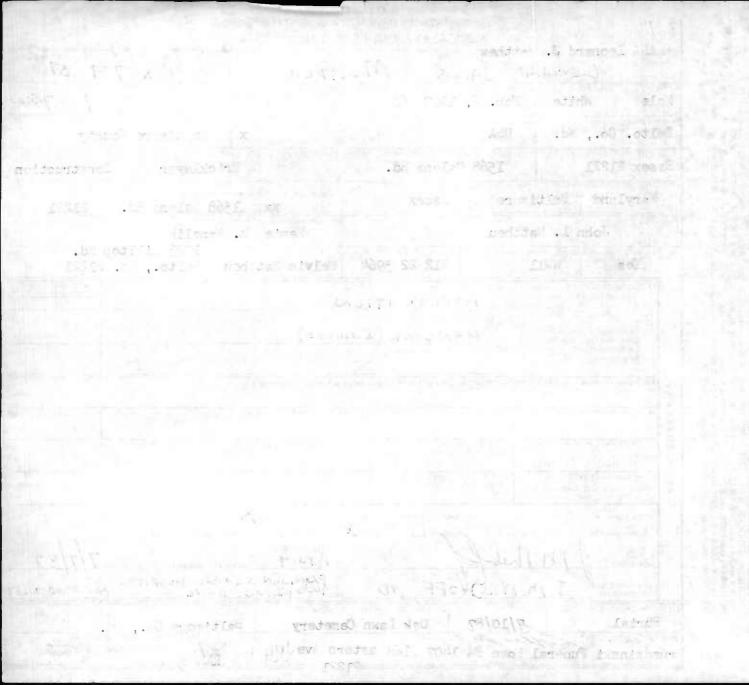
H.W. Jenkins & Sons Co.

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Julia Divider Renderlo.



STATE OF MARYLAND



OR ATTENDING PHYSICIAM, The law

TO HOSPITAL

BP.

retained by the haspital or attending physician.

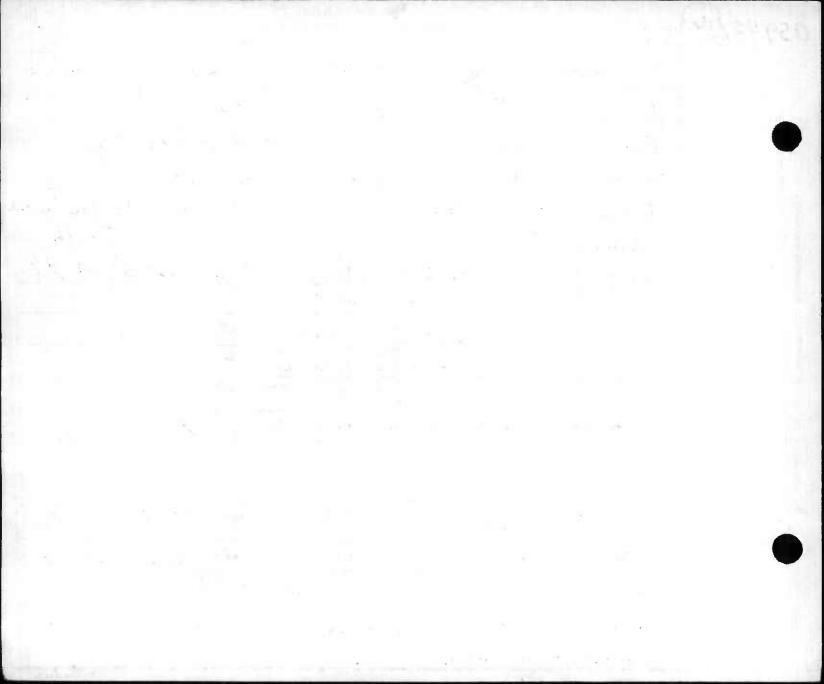
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STATE OF MARYLAND

		STATE				20. 1		
UL 3	0'8	STATE REGISTRAR		CERTIF	ICATE OF DEATH	8 REG. N	0. 9	150
		GEASED NAME FIRST	MIDOLE	L	AST /	20 DATE OF DEATH	MONTH DAY YEA	R Zb. HOUR
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- 1	3. SE)	X CITTLE	4 RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR		
_ 1		M	1.1	CATH	OAY YEAR	75	1 1	AYS HOURS /
3 /4	7n BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	INTRY? 8	100	9 BALTIMORE CITY O	R COUNTY OF DEATI	H
1		Maryland	USA	MARRIE	DXXX EVER MARRIED		re County	
6	10.01	TY OR TOWN OF DEATH		WIDOWE	DR OTHER INSTITUTION	17a USUAL OCCUPATI	•	D OF BUSINESS
2 5	10 C1	THOR TOWN OF DEATH	(IF NOT IN SUCH FACILITY GIV		OK OTHER INSTITUTION	(TYPE OF WINDS END HOLT C		TRY
2) (10W50 n	121. DZ60P	4402DI	Per	Manager	Nat	st Hardw
野 /		AL RESIDENCE (IF NURSING HOME OF STATE 136 COU		CE BEFORE ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS		
CG	N	Taryland Balt	imore		YES NOX	305 E. J	oppa Rd. 2	1204
BA	14. FA	THER'S NAME	MIDDLE LA	AST	15 MOTHER'S MAIDEN NA	ME		TAST
\mathbb{D}		Harvey	Mayes		Emma	Model	Hoff	heiser
8 7		VAS DECEASED EVER IN U.S. A		AL SECURITY NO.	17 INFORMANT	ADDRI	SS	
9 /	()	YES NO OR UNKNOWN) (IF YES GI	IVE WAR OR DATES!	07-1880	Evelyn M. Ma	aves 305 E.	Joppa Rd.	21204
2			only one couse per line for (a),		V			PROXIMATE INTERVA
1		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS		SPARAL	TOPU KA	FLURE	BETW	EEN ONSET AND DE
2		IMMEDIA	ATE CAUSE (o)	21 DICH I	VIV, FI	a Philip		_
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50		Conditions, if ony, which	(b)	2/12/1	1070 471			
1		gove rise to immediate couse to stating the	3 000000 00000					
			1 DUE TO OR AS A CON	NSEQUENCE OF				
6		underlying couse lost	DUE TO, OR AS A CON	NSEQUENCE OF				
tho so /		underlying couse lost PART 2 OTHER SIGNIFICANT	(c)		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PAR	RT Tro
neury, or oth	NO		(c)		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PAR	RT Tro-
my injury, or oth	ATION	PART 2 OTHER SIGNIFICANT	(c)	NG TO DEATH BUT		200 AUTOPSY?	20b. IF YES, WERE FIR	NDINGS USED
Sony injury, or oth	IFICATION		((c) CONTRIBUTIONS	NG TO DEATH BUT		200 AUTOPSY?	20b. IF YES, WERE FIT	NDINGS USED USES OF DEATH
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temyla shakkony muny, or oth		PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING LIFETIMER NOTIFY MEDICAL EXAMINI	196 CONDITION FOR Y 216 TIME OF INJURY HOUR A.M. MONT	NG TO DEATH BUT	N WAS PERFORMED	200 AUTOPSY?	20b. HF YES, WERE FIT IN CERTIFYING CAU YES []	NDINGS USED USES OF DEATH
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DHMH - 16 60M 7/84 (VRA 15, 4)

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# M #		CEASED NAME FIRST OR PRINT) ANDA	MIDDLE .	MAYNOF	20.0	ATE OF DEATH M	ONTH DAY	YEAR 21	=20 PM
ge 4 mo) ecto, po	1 58	F	4 RACE	5. DATE OF BIRTH	YEAR 37	50	DAY) IF UP	TO ETT I TE THE	OURS MIN.
O: 135	Jo 81	RTHPLACE LISTATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED L. NEVER MA	ARRIED 7 B	Baltimore city or		DEATH	MD.
. 6 158		Balto.	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	ing home or other instit et address) I + OSO: tal	(TYP	USUAL OCCUPATION OF WORK FOR MOST OF	WORKING LIFE)	26 KIND OF E	USINESS OR
AND 212	USU		OTHER INSTITUTION GIVE RESIDENCE BEFORM 130 CITY OR TO	WN 134 INSIDE CITY		STREET ADDRESS /	ZIP CODE	2 Ave	Balto 21212
MARYLAND 2120 ed within 24 hours ergefretely tilged in b nns 2, shoelid be 11	14. FA	In Known	MIDDLE LAST	15. MOTHER'S A	MAIDEN NAME	MIDDLE		Smi.	th
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- Summer 6.2 E		PART I. DE ATH WAS CAUSE	ily ane cause per line far (a), (b), o D BY: CEREC TE CAUSE (a)	BRAL EDEMA	ł	Ü		APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. NG PHYSICIAN. The low requires that the deserth certificate has been used by the attending physician. After this certificate has been used by the attending on the burnol-transfer permit. Then please remove carbon th and Mental Hygiene prior to burnol, committee or the and Mental Hygiene prior to burnol, committee or the angle shows ony litting, as other transmittee.		Conditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEO	RAL METAST		4			
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TO HOSPITAL etained by it TO FUNERAL should be det with the State IMPORTANT.		FRANCIS TO	- KHOO		eghis Ho	U			
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DHMH - 16 60M 7/84 (VRA 15, 4)		UNERALDIRECTOR NAME March Funeral !	Iome 1101 E. No		250 DATE REC	1 3 1987	Sh REGISTRAR	'S SIGNATUR	Ε
		10.000						シン・ス	indall.



STATE OF MARYLAND

NE O	1	REG.	NO.	9	U	5	1
DAT	TE OF	DEATH	MONTH	DAY	YEAR	2b	HOU

1	B7	FOR STATE • REGISTRAR			DEPA		EALTH AND MENTA		IENE / REG.	NO.	9	0 5	5 2
		OR PRINT	FIRST	,	MIDDLE	Ł	AST		20 DATE OF DEATH	HINOM	DAY	YEAR	26 HOUR
	(117)	OR PRINTI)	JOHN	V	R.	MC	AUSLAND			07	15	187	10:10P
	3. SEX	<		4 RACE		5. DATE O	F BIRTH		6 AGE (IN YEARS LAST	BIRTHDAY)	IF UN	DER : YEAR	IF UNDER 24 HRS. HOURS MIN.
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31		RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8	NEVER MARRIE		9 BALTIMORE CITY			DEATH	
/		EW YORK		U.S.A.		WIDOWE	2 5		BALTIM	ORE (COU	YTY	MD.
1	10 CI	TY OR TOWN OF DEA	ATH		HOSPITAL, NUI		R OTHER INSTITUTIO	N	120 USUAL OCCUP			L KIND O	F BUSINESS OR
6		TOWSON		GBMC			ARLES ST.		SALES	ST OF WORKING	2 fact liv		RTISING
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-1	14 FA	THER'S NAME		WIDDLE	LAST		15 MOTHER'S MAID	ENNA	AE MIDDLE			LAS	
	R	ANDÖLPH			AUSLAI	ND	MADELEIN	VE.	WIDDLE		DeB	USCH	
1		VAS DECEASED EVER		MED FORCES?	166 SOCIALS	ECURITY NO.	17 INFORMANT		ADI	DRESS		212	34
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/		IL CAUSE OF DEAT	H (Enter or	ly one couse per	line for (a), (b)	, ond (C).1					I	APPROXI BETWEEN C	MATE INTERVAL
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		underlying couse	lost.	(c)									
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0		OR CONTRIBUTING	-	216 TIME O HOUR A.	M. MONTH	DAY YEAR	21¢ HOW INJURY C	OCCURR	ED (ENTER NATURE OF II	NJURY IN ITEM	18 PARTIC	OR PART 2)	
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		226. SIGNATURE		7			DEGREE ATTEND	ING		TAFF		22c. DATE	15/87
À		Than,	SA	mod	earles		PHYSIC		DIRECTOR PHY	SICIAN		0//	19/01
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DHMH - 16 60M 7/84

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(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL CREMATION 236 DATE 7/17/87 24 FUNERAL DIRECTOR

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23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OR TOWN
Y BALTIMORE,

MARYLAND STATE CEMETERY 250. DATE REC'D.

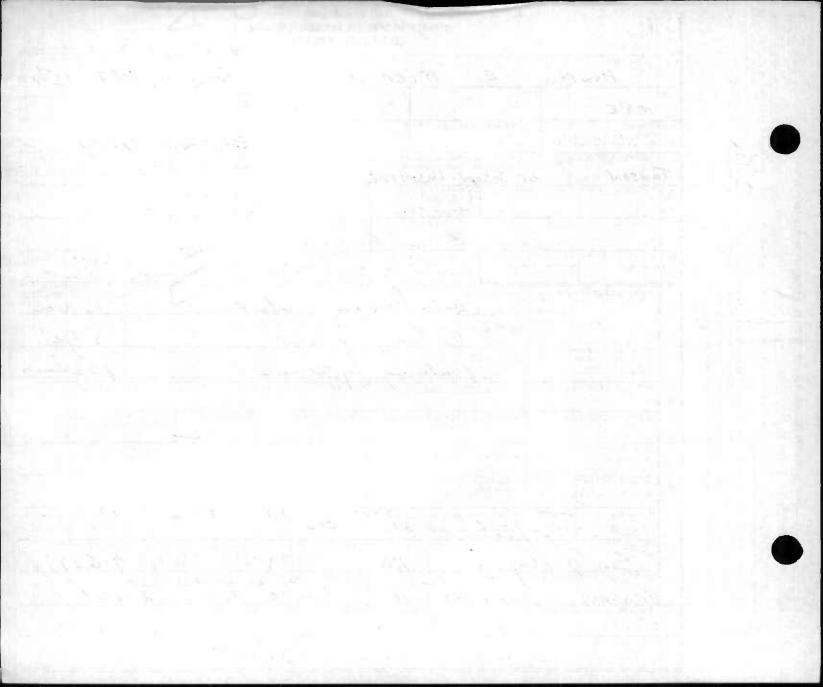
JOHNSON 8521 LOCH RAVEN BLVD.

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STATE OF MARYLAND

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	1	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE	6 6 2	
	_	REGISTRAR	MIDDLE		REG. NO.	9 0 5 6	
4 m.£		CEASED NAME FIRST		LAST	T.	20 HOUR 2	
ay be oge 3 deoth	_	HOWARD		CCARTNEY	Vuly 6,	1987 12 PM	
or. p	3. SE	MALE	White	5. DATE OF BIRTH 00°T. 23° 1918	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS	
Page direct aurs	7. P	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	0	YRS	OF DEATH	
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5, 201 gned b		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT KEWARD TO THE TERA	AINAL DISEASE OR CONDITION GIV	EN IN PART 1	
ORD requ	ě						
AL RECONTION The law recian. Sit permit. Sit permit. Figure any in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES NO ERTIF	S, WERE FINDINGS USED EYING CAUSES OF DEATH? S NO	
Physical History and History and Hygel		?]a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18. I	PART : OR PART 2)	
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			oital) attended the deceased from	>-/- 19 Y	7 10 7 - 6	19F2, that (i) (we) lost	
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OR A DIRECTOR OR A DIRECTOR OF THE DEPT.	13	22b. SIGNATURE	// /	DEGREE		22c DATE SIGNED	
	1	15 dd9	lan 1	MU ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	7-6-87	
HOSPITAL inded by the FUNERAL wild be det in the Stote operant.	1	22d. PHYSICIAN'S NIME	CHINA TO	27e ADDRESS 101	W. REND S	**	
		BERNARO S.	KAAPENSIA	KW BACKE		120/	
Of Of W	23a	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	r Aunity	
BP		Cremation	7 -9 -1987 We	stview Crematory		timore Md.	
DHMH - 16 60M 7/84		UNERAL DIRECTOR	ADDRESS	25a. DA	TE REC'S BY BESTRAR TO REGIST	RAR'S SIGNATURE	
(VRA 15, 4)	E.F	.Lassahn, 11750	Belair Rd.Kingsv	ille,Md.21087 JU	1000		



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rfal director page 3 72 haurs after death

STATE OF MARYLAND

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11 20	17	STATE REGISTRAR	,	CERTI	FICATE OF DEATH	O ·	EG. NO.	1 0 0	-
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		OUNTRY)	70 CITIZEN OF WHAT CO	MARRIE	D NEVER MARRIED				MTV
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7)	v. C1	TOR TOWN OF BEATH	(IF NOT IN SUCH FACILITY,		OR OTHER INSTITUTION	(TYPE OF WORK FOR		G LIFE) INDUSTRY	
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林	4 FA	THER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NA		IDDLE	ŁAS'	T.
MEL.		15AAC	_	BERTS	MATILDI		В.	O'NE	144
刀		(AS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOC	TAL SECURITY NO.	17 INFORMANT		ADDRESS		
/1	17	NO OR ONKINOWN	214	-26-879	J. Mayer Wi	11en-341	0 01d P	ost Rd2	21208
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		Canditians, if any, which	(b) A DV		- >				
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- 1			not) view the body ofter neo	oth.	ind that in (my) (aur) opinian	death accurred ar) the date and h		
- 1		776. SIGNATURE	1		DEGREE ATTENDING	MEDICAL	STAFF	22c DATE	SIGNED
					PHYSICIAN [DIRECTOR			
7		274 PHYSICIAN'S NAME (TYPE	CEANTY.		27e ADDRESS				
		EDDIE NA	KHUDA		DULANEN	VALLE	V ex	, 2	1204
		URIAL, CREMATION, REMOVA		231 NAME OF	CEMETERY OR CREMATORY	23d LOCATIO			
- 1		urial	7-30-87	Loudon	Park	Balto		COUNTY	Md.
		INERAL DIRECTOR		1050 York			STRAR 25h REG	SISTRAR'S SIGNAT	LIRE
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DHMH - 16 60M 7/84 (VRA 15, 4)

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completely filled in by the funeral director. page 3.1 and 2 shauld be filed within 72 haurs after death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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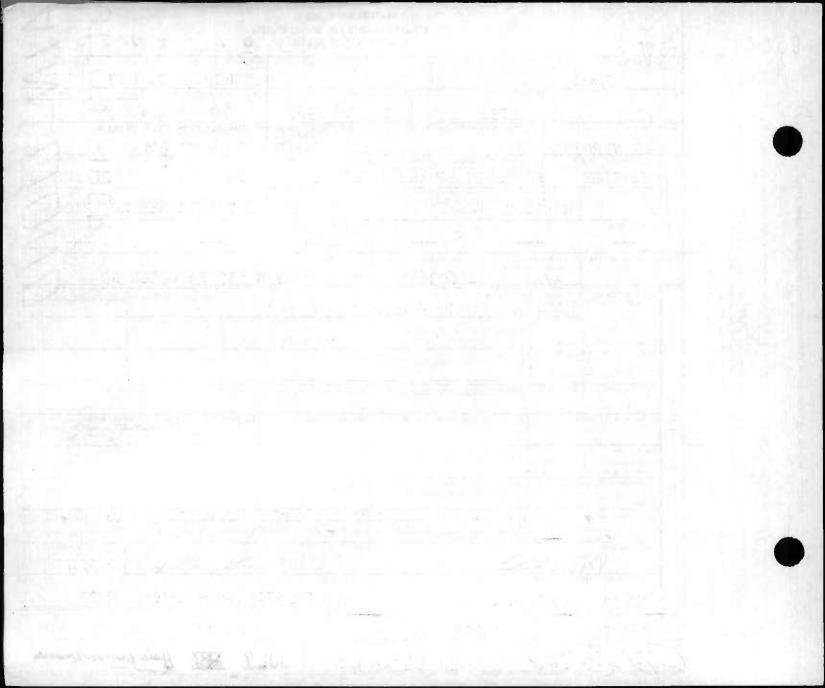
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1	23e -	Michael E		M.D.	12	31 NAME OF C	9000 Frank	In Square	Drive,	2123	7
	d	REMATION		07/0	110	WESTVI	TETWI	BALTO E REC'D. BY REGISTRAR		AR'S SIGNAT	MD

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by The Highlight or physics should be detached for use as the burial-transit permit. Then please remove coroon paper with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

retained by the haspital or attending physician

BP.



STATE OF MARYLAND

RTIFICATE OF DEATH	OF	HEALTH	AND	MENTAL	HYGIENE		
	RT	IFICATE	OF	DEATH	Ö	1	

	1	REG.	NO.	9	0	5	7
ATE	OF	DEATH	MONTH	DAY	YEAR	2 b	, HOUR

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may be page 3	[[TPE	*	VELL			CLINTIC		11	07 1	3 87	1:10A M	
Poor do	3. SE)		4 RACE		5. DATE O	FBIRTH		& AGE (IN YEARS LAST BIR		FUNDER I YEAR		
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death.		est Va.	U.S.	Α .	WIDOWE		VORCED [BALTIMORE	COUNT	Y MD.		
		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME O		ITUTION				OF BUSINESS OR	
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or See or		John	Middle	McCormich	2	В	eatrice			Estep	31	
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of or of or use os Health		22a 1 certify that (I) (this h			84/02		19 <u>87</u>	to 07/13	nte and hour		, that (It (we) last	
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HOSPITAL inned by the FUNERAL wild be det by the State ORTANT:		22d PHYSICIAN'S NAME (T	PE OR PRINT)			22e ADDRES						
TO HOSPITAL retained by th TO FUNERAL should be dete with the State IMPORTANT: IF		PATRICIA ST	EADMAN,	M.D.		GBMC-	6701 N.	. CHARLES S'	Г.			
¥ 0		BURIAL, CREMATION, REMO				EMETERY OR		23d LOCATION		COUNTY	STATE	
BP		Burial	July	15,1987	Garder	of Fa		Baltimo		M	(d	
DHMH - 16 60M 7/84	24 F	JNERAL DIRECTOR		ADDRESS			25a DAT	E REC'D. BY REGISTRAR	256 REGISTI	RAR'S SIGNA	TURE	
(VRA 15, 4)		Leonard J. Ru	ick, Inc.	5305 Har	5305 Harford Road JUI				IL 15 1987 Julia Dividson Randons			

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BALTIMORE, MARYLAND 21 PRESTON ST DIVISION OF VITAL RECORDS,

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 20. DATE OF DEATH FRANCIS J. MCCULKEN, S.M. 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH cauc. YEAR M 82 1904 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OF FOREIGN MARRIED NEVER MARRIED COUNTRY) WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17a. USUAL OCCUPATION 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Skua Mans Hospice (MPE OF WORK FOR MOST OF WORKING LIFE) 1 owson Keliginis, Kacher USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ATMISSION) 13c STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Baltimore 4301 Roland Avenue Maryland YESX NO 21210 A-FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST FIRST MIDDLE FIRST Kyran McCulken Jane Lamb ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16b SOCIAL SECURITY NO. 17 INFORMANT 21210 NO Marianist Provincial House 4301 Roland Ave. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) rkinson's Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 20¢ AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T NO [71a. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 22a.1 certify that (I) (this hospital) attended the deceased from 87 sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN I PHYSICIAN E. Ipakchi, Morre ADDRESS Sklla Maris Hospice 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY

FUNERAL I

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DHMH - 16 60M 7/84 (VRA 15, 4)

7/29/87 Burial

Sacred Heart Cem.

Dundalk

24 FUNERAL DIRECTOR Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

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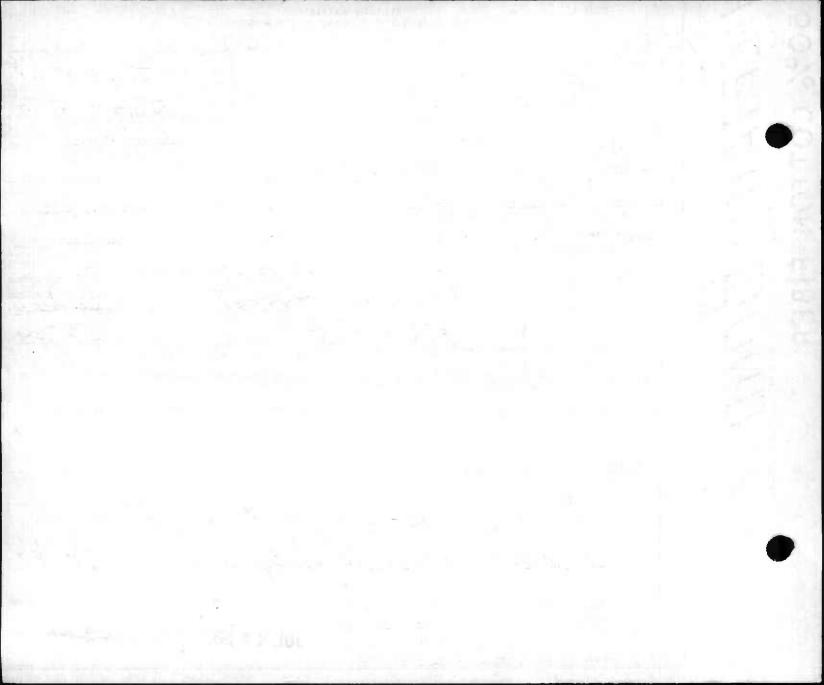
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k.	FOR STATE		RTMENT OF HEALTH		LESS III LESS		
1	REGISTRAR	MEDICA	L EXAMINER'S		NO. NO.		
TO IT	(PE OR PRINT) RUTH	D.	McCLUF	E	20. DATE KNOWN OF ESTI- DEATH MATED	JULY 818	7 100
3. SE	Female White	5. DATE OF BIRTH	P I AST BIDTUD AVI	HS DAYS HOURS	24 HRS. 2c. DATE PRONOUNCED DEAD	MONTH DAY Y	7 90 HOU
	SIRTHPLACE (STATE OR ORLIGH COUNTRY)	U.S.A.	MARR	IED NEVER MARRIE	D 🔲	More County	H AAI
) ID. C	Monkton	11. NAME OF HOSPITAL, I		HER INSTITUTION	120. USUAL OCCUPATION (1 FOR MOST OF WORKING LIFE) Nurse		F BUSINESS JSTRY
USU 130	STATE _ 13b COUN	4 4 - 1 - 1			IMITS? 13e STREET ADDRESS		
14. 1	ATHER'S NAME Augustus W	V. MIDDLE Drury LAST Sophi			N NAME MIDDLE	Bookwalte:	
160.	WAS DECEASED EVER IN U.S. AR. YES, NO. OR UNKNOWN) (IF YES, GIVE NO	WAR OR DATES)	OCIAL SECURITY NO. 17-34-0049	17. INFORMANT	M. Simon, sa	SS	
ALL, CREMATION, OR REMOVAL.	PART I DEATH WAS CAUSE IMMEDIA: Canditions, if any, which gave rise to immediate cause (a) stating the under- lying couse lost: PART 2 OTHER SIGNIFICANT CONDITIONS	(b) DUE TO, OR AS A C	4SCT ONSEQUENCE OF	SE OR COMOITION GIVEN IN PART	(1)d).	54	Jess Jess
SIECATIF	190 DATE OF OPERATION	196. CONDITION FO	OR WHICH OPERATION W	AS PERFORMED?		2D AUTO	
MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME OF INJUR HOUR A.M. MON P.M.	TH DAY YEAR	OW INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM		
MEDI	WHILE ON AT WORK	21e PLACE OF INJU STREET, FACTORY, FARA		CATION	CITY OR TOWN	COUNTY	STATE
23a.1	220 I certify that I took charg death resulted from: Nature ACTUAL SIGNATURE	e af the remains described of all causes Accide		Inspection Homicide	Undetermined monner MEDICAL EXAMINER	and in my opinian], DATE SIGNED	187
22-	(TYPE OR PRINT)	2h DATE La	NAME OF CONFESSOR	ADDRESS	IN LOCATION		
	(SPECIFY) Cremation FUNERAL DIRECTOR	7-9-87	Westview C		23d LOCATION CITY OF TOWN BALLIMONE COBYROLINA 755 RE	Maryland 1	STATE .
-	Ruck Towson Fune	ral Home, Inc	owson, Md. 1 1050 York		To o la de la como	And Marie County Out.	



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE ISTRAR	DEPAI		EALTH AND MENTAL HYG	BIENE 8 REG. NO.	19	11 6 9		
i	CEASED NAME FIRST	MIDDLE		TÉA	20 DATE OF DEATH	ONTH DAY YEAR	26 HOUR		
	Lawre	ence G.	McD	ona1d	July 20, 1987				
	3 SEX				6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YE			
	Male	White	Feb.	17, 1909	78	YRS	TS FOORS MIN.		
1	THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	MARRIE WIDOWI	DEVER MARRIED DIVORCED	Baltimore city or		MD		
1	10. CITY OR TOWN OF DEATH Dundalk	101 Centre PI		DR OTHER INSTITUTION 213	120 USUAL OCCUPATIO	WORKING LIFE) 126 KIN INDUST	D OF BUSINESS OR RY		
			OWN	134. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS / 101 Centre	ZIP CODE P1 21	222		
)	Lawrence	MCDOr	nald	15 MOTHER'S MAIDEN NA.	MIDDLE	Lea	ise		
	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRES				
		II 217-20-	-7708	Margaret McD	onald 101 C	entre Pl.	Apt 213		
		DUE TO, OR AS A CONSECT (b) DUE TO, OR AS A CONSECT (c) CONDITIONS CONTRIBUTING T	QUENCE OF	NOT RELATED TO THE TERM	NINAL DISEASE OR COND	ITION GIVEN IN PART	Ng		
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHI	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAU			
-	OR CONTRIBUTING TO CAUSE OF BE	EATH HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR			2)		
	LIFETHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED WHILE NOTIFY HERE AT WORK AT WORK	218 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	CE FARM ETC)	21f LOCATION STREET	CITY OR TOW	N COUNTY	STATE		
	saw the deceased alive o	pital) attended the deceased from 15-13-81 19 not view the bady after death.		nd that in (my) (our) opinian	, to death occurred on the dat	e and hour and from	that (I) (we) last the causes stated		
	276 SIGNATURE	= 8	þe	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF		ATE SIGNED		
	22d PHYSICIAN'S NAME TYPE	S. DAM M		40 S.D	und ALK	Acr.			
	230 BURIAL, CREMATION, REMOVA (SPECIFY) Burial			of Faith	Paltimore		Md. STATE		
	24 FUNERAL DIRECTOR	- ADDRES	55		E REC'D. BY REGISTRAR 2	56. REGISTRAR'S SIGN	ATURE		
	JOHN M. WEBER &	SONS INC. 401 S	CHES'	TER ST.	11 23 1097	Alia Troides	n. Rendalls		

DHMH - 16 60M 7/84 (VRA 15, 4)

	1					STATE	OF MARYLAND		4010 1010		
	11.	FOR STATE			DEPARTM	ENT OF H	EALTH AND MENTAL HYG	IENE			
0 E C ## 1"	67	REGISTRAR	Minn.	iam Ro	rnard McG	CERTIFI	CATE OF DEATH	8 7 REG. N	0 9	0 6	
856 JUL 17	T BE	GEASED NAME	FJRSJT	I AIII DE	MIDDLE		IST .	20. DATE OF DEATH	MONTH DA	Y YEAR 26	HOUR
oge 3	(TYPI	ORPRINT) (VI	Mar	1	B. 1	70	214010		7 12	87 8	2000
m po ter o	3. SE	× 110	4	RACE		5. DATE O		6. AGE (IN YEARS LAST BIR			UNDER 24 HRS
recto urs of		Mal &		Whit		Aũgu	st 9,1901 ear	85	YRS		MA.
Jeoth. Po		RIHPLACE (STATE OR F	OREIGN 7b	USA	WHAT COUNTRY?	MARRIED WIDOWE	NEVER MARRIED	Delt/M	OF E	Countr	2 ME
b the file	1	OWSON		Stel	La Maris	Hos	r other institution pice	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O Seargeat		126. KIND OF A INDUSTRY POLICE	Dept.
filled in puld be	Ma	al residence (# NURS) STATE ryland	136 COUNTY Balti	nore	Baltimor	e e	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	ZIP CODE Igers F	orge Rd.	212
ompletely	14. F/	THERS NAME John Joseph McGinnis			LAST		15. MOTHER'S MAIDEN NA Annie		Finnert	y LAST	
dices dices	16a \	VAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECU		17. INFORMANT	123 Lyndal	SSAve.		
1 P 1		NO OR UNKNOWN)			212-38-4	652	Rita Owens	Baltimore,	Md. 2	1236	
that the death cer d by the attending lease remove corbo ial, cremotion, or re or other troumatic e		Canditions, if ony, gove rise to imm cause (a), statin underlying cause	nediate g the	DUE TO, C	OR AS A CONSEQUE	6001					
equires n signed Then pl to buri	N N	PART 2 OTHER SIGN	VEC DE	Ch (DISSUS 8		NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN	N IN PART I I OT	
ow remit prior	CERTIFICATION	19a DATE OF OPERAT					N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, YES YES	WERE FINDINGS ING CAUSES OF	USED DEATH?
PHYSICIAN: The I first certificate has the buriol-transit pe and Mental Hygien d or Item 18 shows		21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEATH		DF INJURY .m. MONTH DA .m.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)L	IRY IN ITEM 18 PAR	T I ORPART ?)	
ING PHYS or attending After this cost the bur or the or the corked or	MEDICAL	214 INJURY OCCURE	ILE	21e, PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE F	ARM, ETC)	211. LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
I OR ATTENDIN the hospitol or IL DIRECTOR, Af stoched for use o re Dept. of Health if frem 21 is mo		22a. I certify that (I) sow the decease abave, (I) (we) (c 22b. SIGNATURE	d alive an	the bady	19	, [d that in (my) (aur) apinian DEGREE ATTENDING PHYSICIAN	_ MEDICAL STA	FF \		
HOSPITA ouned by FUNERA outd be de th the Stot	1	22d. PHYSICIAN'S NA	S CORPE	Ple	xandre		220. ADDRESS Dule	1	0	lowse	. Hd

DHMH - 16 60M 7/B4

BP.

(VRA 15, 4)

Entombment

23a BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY July 14,1987 Moreland Memorial

23d. LOCATION Baltimore

Baltimore

Maryland

Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

rtely filled in by the funeral director, page 3 2 shauld be filed within 72 haurs after death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	CE	RTI	FI	CA	TE	OF	DEA'	TH

8 / REG. NO.	9	ii.	64
DATE OF DEATH MONTH	DAY	YEAR	26 HOUR
July 18, 19	987		16:20A

							REG. N	10.	7	0 4
	CEASED NAME	FIRST	A	AIDDLE	L/	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
1		PILIPIN	В.	Me	GREEV	ζ	July 1	8, 198	87	16:20A
3 SE	X	4.	RACE		5. DATE O		6. AGE (IN YEARS LAST B	RTHDAY)	IF UNDER 1 YEAR	
1:	Female		Whit	ce	Feb	. 26. 1896	91	YRS	MONTHS DAYS	HOURS MI
	TRTHPLACE (STATE OR F	FOREIGN 76		WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH	
	Maryland			ISA	WIDOWE			re Co	un tur	
10 C	TITY OR TOWN OF DEA	ATH 11	1. NAME OF	OSPITAL, NURSIN	IG HOME O	ROTHER INSTITUTION	12a USUAL OCCUPA	ION	126 KIND C	OF BUSINESS (
	Parkvill	O Professional Pro		HEACILITY, GIVE STREET		sing Home	Book ke		(FE) INDUSTRY	
	AL RESIDENCE (IF NURS	ING HOME OF OT	THER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)					
	Marvland	13b. COUNTY	Y	Baltimo		13d INSIDE CITY LIMITS?	5909 Fall		_	70
	ATHER'S NAME			Daltimo	re	15, MOTHER'S MAIDEN N		CITK H	oad 212	39
	Arthur	AA1(DOLE	cGreevy		Mary	Elizabeth	Phi	llips	SI
160 \	WAS DECEASED EVER	IN II S ARMI		166. SOCIAL SECU	IDITY NO	17 INFORMANT	ADDI		IIIha	
	(YES, NO OR UNKNOWN)		WAR OR DATES)							
	No			213-10-0	870 A	Mr. Robert	Letschin 16	60 E	Belved	ere Ap
	Conditions, if ony, gove rise to imm couse (a), statin	mediote ig the	(b)	R AS A CONSEQUE	4. (H BOWE				
	gove rise to imm couse (a), statin underlying cause	nediote ng the lost.	(b) DUE TO, OF	R AS A CONSEQUI	4 . C	H BOWE				
NC	gove rise to imm couse (a), statin underlying cause	nediote ng the lost.	(b) DUE TO, OF	R AS A CONSEQUI	4 . C	H BOWE Hewww NOT RELATED TO THE TER		NDITION GIV	VEN IN PART 10	01
CATION	gove rise to imm couse (a), statin underlying cause	nediote ng the lost.	DUE TO, OF	R AS A CONSEQUE	PICE OF E	7 -000-0		20b IF YE	S, WERE FINDI	NGS USED
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TO FUNERAL DIRECTOR, After this certificate has been signed by the should be detoched for use as the buriol-tronsit permit. Then please me with the Stote Dept. of Heolth and Mental Hygiene prior to burial, cre-

TO HOSPITAL OR ATTENDING PHYSICIAN, The law retained by the haspital or attending physician FOR STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial 7/22/87 New Cathedral (
24 FUNERAL DIRECTOR
Leonard J. Ruck, Inc. 5305 Harford Road 21214

SE DATE REC D BY REGISTRAD DE RECOTTANT ANNUALES

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			ec. FELL Mar over 1	Leonard J. Mass, I

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR			EALTH AND MENTAL HY	YGIENE / REG. NO.	190	5 5
	CEASED NAME FIRST (CORPRINT) Marie	V. MIDDLE	cGuire	AST	20. DATE OF DEATH MO	7 3 1987	26 HOUR 3:10P.N
3. SE	x Female	4. RACE White	5. DATE C		6 AGE (IN YEARS LAST BIRTHD	YRS.	
₩a. Bl	RTHPLACE (STATE OR FOREIGN Balto. Md.	U.S.A.	DUNTRY? 8 MARRIE WIDOWI	D NEVER MARRIED DED DIVORCED			MD.
	atonsville	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, St. Martin			120 USUAL OCCUPATION 14 PE OF WORK-FOR MOST OF W	ORKING LIFE) 126 KIND INDUSTR	OF BUSINESS OR
13c S	AL RESIDENCE (IF NURSING HOME OF STATE	OR OTHER INSTITUTION, GIVE RESIDE	OR TOWN	13d. INSIDE CITY LIMITS? YES 🔀 NO 🗍	4200 Melo D	r. Balto	1215
) 16e V	ATHER'S NAME FIRST Edward McGu NAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) 1 1 1 1 1 1 1 1 1		LAST	15. MOTHER'S MAIDEN N FIRST Susie 17. INFORMANT	O'Toole ADDRESS		LAST
•	no 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	212	-26-3204	Sr. Diane	601 Maiden Ch		21228
Z	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CO	ONSEQUENCE OF	Puemonio Swar. Ar.	let.	ION GIVEN IN PART	lia .
CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED		Ob. IF YES, WERE FINE N CERTIFYING CAUS YES []	
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MO	NTH DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY II	NITEM IS PART) OR PART 2	1
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJUR (AT HOME, STREET, FACTOR	Y RY, OFFICE, FARM ETC }	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	22a. I certify that (I) (this has saw the deceased olive o abave, (I) (we) (did) (did n	/ / 20	10 87	nd that in (my) (aur) apinio	n death occurred on the date	and have ond from the	e, that (1) (we) last he causes stated
	22b. SIGNATURE	Roment		DEGREE M-D ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	V 9	487
	22d PHYSICIAN'S NAME (TYPE Dr. Natarajan	1		22e ADDRESS 3455 Wilker	ns Ave. Balto.	Md. 2122	29
23g (BURIAL, CREMATION, REMOVA ISPECIFY) Burial			EMETERY OR CREMATORY nedral Cem.	Baltimore	COUNTY	Maryland
	uneral director ubbard Funeral	Home, Inc.,	ADDRESS 4107 Wilke	Z1ZZ2	ATE REC'D. BY REGISTRAR 25E	REGISTRAR'S SIGN	ATURE

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed should be detached far use as the burial-transit permit. Then plan with the State Dept. of Health and Mental Hygiene prior to burial.

retained by the haspital or

BP

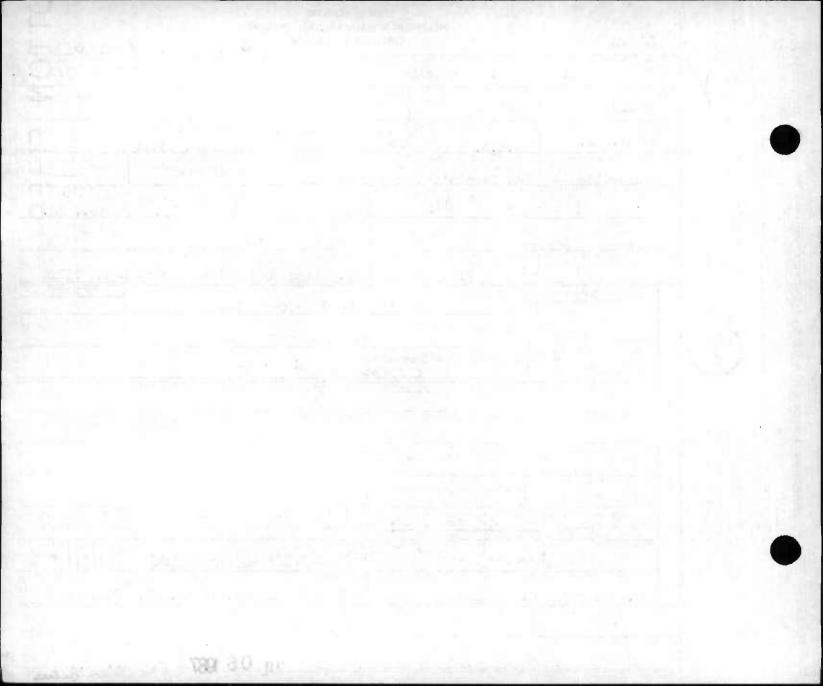
MPORTANT: If them 21 is marked or them 18 shows any

(VRA 15, 4)

JUL

mpletely filled in by the funeral director, page 3 and 2 should be filed within 72 hours after death

death. Page 4 may be



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME FIRST (TYPE OR PRINT) 6:00 Edna Regina MCMILLAN 12, 1987 5. DATE OF BIRTH 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR E LINDER 24 HRS 3 SEX Female **Black** 25. 1940 Nov. BALTIMORE CITY OR COUNTY OF DEATH JH. BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland USA Baltimore County WIDOWED 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17a USUAL OCCUPATION 12b. KIND OF BUSINESS OR Franklin Square Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife INDUSTRY Rossville JUSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 136 COUNTY 13c. CITY OR TOWN 113d, INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Maryland Harford 1949 Nelson Mill Road Jarrettsville YES [] NO T 21084 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Harold Alice Brown Albert Norton , Sr. Janet 166 SOCIAL SECURITY NO. 17 INFORMANT Against a 21084 IYES NO OR UNKNOWN LIE YES GIVE WAR OR DATES! Touis McMillan, 1949 Nelson Mill Road 219-43-1748 no 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY Cardiopulmonary Arrest IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Obstructive Nephropathy Secondary to Metastatic Breast Carcinoma Conditions, if any, which gave rise to immediate cause (a), stating underlying cause last Bacteremia PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION Fulminant Metastasis of Breast Carcinoma 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX 210. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 71d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM, ETC.) CITY OR TOWN NOT WHILE 22a.1 **certify** that () (this hospital) attended the deceased from saw the deceased alive an JUTY 12 19 above, ((we) (did) (did) (did) view the body after death. and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated 226. SIGNATURE 22c DATE SIGNED DEGREE STAFF 7-12-87 PHYSICIAN DIRECTOR PHYSICIAN S NAME (TYPE OF PRINT) 22e. ADDRESS 9000 Franklin Square Drive Balto 21237 Julin Tang MD

23c. NAME OF CEMETERY OR CREMATORY

July 15,1987 Fairview A.M. Constant Cores

23d LOCATION

STATE

DHMH - 16 60M 7/84

FUNERAL

ld b

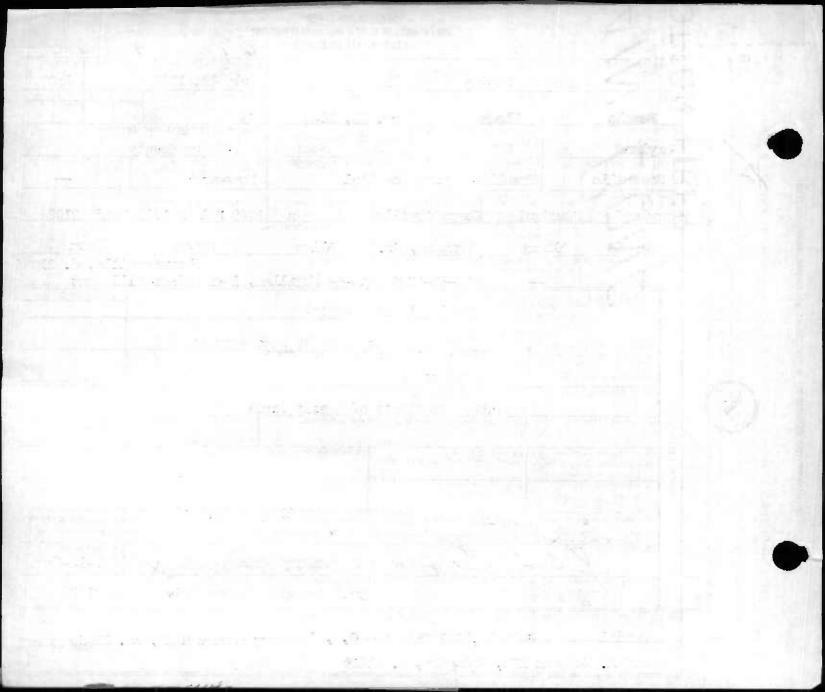
MPORTANT

230. BURIAL, CREMATION, REMOVAL

Burial 24 FUNERAL DIRECTOR 23b. DATE

Howard K. McComas III, Abingdon, Md. 21009

(VRA 15. 4)



STATE OF MARYLAND

1 -	STATE REGISTRAR		DEPART		ICATE OF D	MENTAL HYGIE	0 7	REG. NO	9 0 6)
THE	CEASED NAME FIRST **OR PRINT) ta Mc Mullen		MIDDLE	ı	AST		7/10		DAY YEAR	26 HOUR 9:30 pr
3. SE)	emale	* RACE White			6/08°	YEAR	79	YR		IF UNDER 24 HRS HOURS MIN.
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Ва	TY OR TOWN OF DEATH 1 timore, Md AL RESIDENCE (IF NURSING HOME OF	510 E	HOSPITAL, NURSI HEACHITY, GIVE STREE TIES R	oad B			1	CUPATION OR MOST OF WORKIN		OF BUSINESS OR
Ma	TATE 13b. COU		13c. CITY OR TO		13d. INSIDE C	NOX SMAIDEN NAM	510 Ea	rles R	ode Road 21	220
	rry Beatty	MIDDLE	LAST			rgaret		gan	LA:	51
	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) {IF YES, G	RMED FORCES?	216014		17 INFORMA Josepl	nt n Mc Mi	ullen		York Romore, M	
NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	(b)	RAS A CONSEQUENCE OF THE CONTRIBUTING TO	ular Eal ^{of} H	eart 1		е	dr condition	GIVEN IN PART 11	0
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MEDICAL CER	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTHY MEDICAL EXAMINI 21d. INJURY OCCURRED	EATH HOUR A. ER) P. 21s PLACE	M. MONTH (DAY YEAR 19	211. LOCATIO	_		E OF INJURY IN ITEM	18 PART I OR PART 2}	STATE
•	WHILE AT WORK 27a. I certify that (I) (this has sow the deceased alive a obove, (I) (we) (did) (did in	n	19_	87,0	nd that in (my)		, toeoth occurred o	7/10	hour and from the	that (I) (we) lost couses stated
	22d PHYSICIAN'S NAME (TYPE	201	62				MEDICAL DIRECTOR	STAFF PHYSICIAN	22c. DATE	13/87
	Shahid Saee		•			Belair	r Rd	Baltim	ore, Md	21236
	BURIAL, CREMATION, REMOVA	L 23b. DATE	231.	NAME OF C	EMETERY OR	REMATORY	23d. LOCATR		COUNTY	STATE

DHMH - 16 60M 7/84

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending should be detached for use as the bunal-transit permit. Then please remove carb with the State Dept: of Health and Mental Hygiene prior to burial, cremation, or r

ottending physicia

24 FUNERAL DIRECTOR (VRA 15, 4)

IMPORTANT: If them 21 is marked or them 18 shows any

injury, or other froumotic event, th

STATE ANATOMY BOARD

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

We I Told Brie Production

STATE OF MARYLAND

1-	STATE REGISTRAIL		ME	DICAL EXAMIN	VER'S	CERTIFICATE	OF DE	АЈН	REG N	6)	6 8	
8 6	ASED NAM	E FIRST		MIDDLE		LAST		20. DATE K	NOWN ESTI	MONTH		
		Leroy		Richard	M∈	ech, Jr.		DEATH /	MATED [7/	23/19 8	7
3. SEX		4. RACE	5. DATE OF BIRTH	YEAR 6 AGE (IN Y	EARS IF UT	HIS DAYS HOURS	ER 24 HRS.	2c. DATE	-ED	MONTH	DAY YEAR	172.1
	le	White	Dec. 25	5, 1947 39	RS.	THOUSE THOUSE	Milk	DEAD		7/	23/19 8	7 6.4
	RTHPLACE (S	TATE OR	76. CITIZEN OF W	HAT COUNTRY?	MARR	IED NEVER MA	RRIED X	9 BALTIMO	RE CITY	OR COUN	TY OF DEATH	
	Mary			S.A.	WIDOV		RCED			ce Co		WE
10 CI	TY OR TOWN	OF DEATH	(IF NOT IN SUCH F	SPITAL, NURSING HOM ACILITY, GIVE STREET ADDRESS!				MAL OCCUPA		PE OF WORK	OR INDUS	
	ssex			River off P		Lane	Ca	rpent	er		Const	ruct
3a. 5	TATE TYLAN	136 COUN		13c. CITY OR TOWN		134 INSIDE CITY LIMITS	I3e STI	reet addres 1647–0	s G Ea	ster	n Ave.	212
14. FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MA	IDEN NAM	E	DDLE		TZAL	
	LeRoy		R.	Mech, Si		Lore	tta	M		Stru	zinski	
16a. V	VAS DECEASE	DEVER IN U.S. AR		16b. SOCIAL SECURI	TY NO.	17. INFORMANT			ADDRES	S	21	204
	No			216-52-7	685	Julia A	. Me	ch840	7 P1	easa	nt Pla	insR
5	18 CAUSE C	F DEATH (Enter on ATH, WAS CAUSE	ly ane cause per lin	e for (a), (b), and (c).)								TE INTERVAL
	977	4 2 2	TE CAUSE (0)			owning						
	110	0	DUE TO, OI	R AS A CONSEQUENCE	OF							
	gave n	ns, if any, which se to immediate										
	lying cau	stating the <u>under</u> use lost.	DUE TO, OF	R AS A CONSEQUENCE	OF							
			(c)									
z	PARI 2 UTHER S	GNIFICANT CONBITIONS	CONTRIBUTING TO BEATS	BUT NOT RELATED TO THE TER	MINAL OISEAS	E OR CONDITION GIVEN IN	PART 1 a					
CERTIFICATION	19a DATE OF	OPERATION	19b. COND	ITION FOR WHICH OPE	RATION W	VAS PERFORMED?					20 AUTOPS	Y?
FIC	King I										YES 🔀	
ERT	210 EXTERNA	AL CAUSE WAS	21b TIME O			OW INJURY OCCUR	RED (ENTER	NATURE OF INJU	RY IN ITEM 18	PART I OR PA		NO L
	UNDERLYING	OR OR		A. MONTH DAY YEA A. 7/ 2 /198		bject dro	berry					
MEDICAL	21d INJURY		21e PLACE	OF INJURY (AT HOME,		CATION	Wilca					- T
¥	WHILE AT WORK	NOT WHILE	STREET, FAC	civer	Mi	ddle Rive	r off	Punte		ESS	ex Bali	STATE - MC
			_					Г				20. 111
		. /		Acrident K	-		tian	Inquiry [nd in my op	pinion	
	death result	ed trom: Notur	al causes	Agrident	Vicide	Homicide ITLE (SPECIFY)	Unge	termined mag	mer [].			
	ACTUAL SIGNATURE	"lelle	12 2 1	neon 1	tich.	Assista	nt	DICAL EVALUE	NICD.	DATE	7/2	3/87
			02	// //			MEL	DICAL EXAMI	NEK	SIGNE	.0	
-	(TYPE OR PRI	NAME D	ennis F.	Sm/th, M.D	•	ADDRESS	111 P	enn St		Edd		
230.BU	JRIAL, CREMA	TION, REMOVAL 2	3b. DATE	230 NAME OF CE	METERY C	OR CREMATORY	23d. L	OCATION		conf	NTY	STATE
C	REMAT		ULY 25,	87GREEN N	MOUN	CEMETE	RY	BALTI	MORE		RYLAND	
	JNERAL DIREC	TOR	ADDRES			25e. DA1	E REC'D. B	Y REGISTRAR	256 REG	ISTRAR'S S	IGNATURE	= 3

07/84 25M

(VR A15 ME (5))

WILLIAM E. JOHNSON8521 LOCH RAVEN BLVD. JUL 27 1987

DHMH - 17 (VR A15 ME (5)) Burial

7-13-87

74 FUNERAL DIRECTOR Duda-Ruck Funeral Home of Dundalk NAME 7922 Wise Avers Dundalk, MD 21222

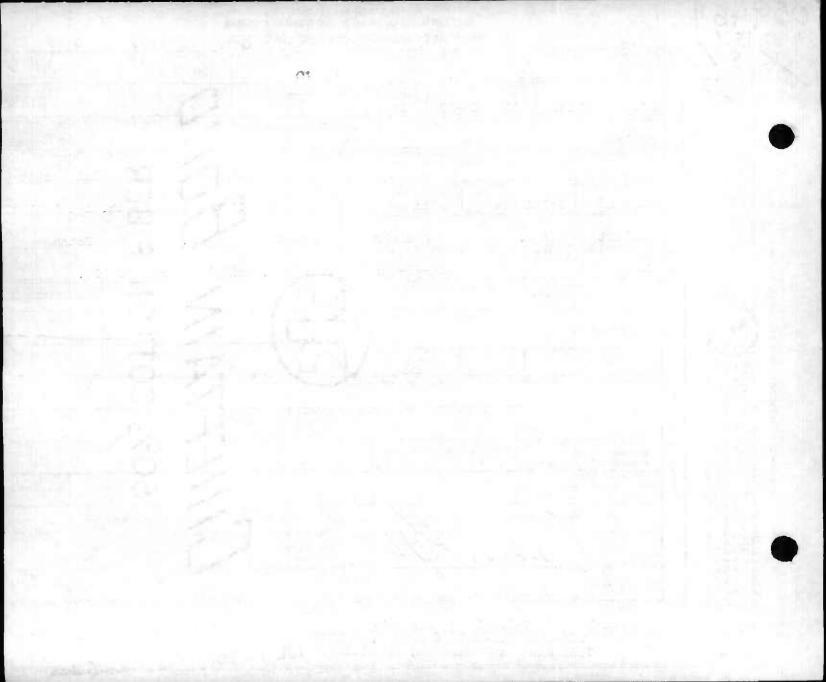
19/				EPARTA	STAT		ARYLAI		HYGIEN	E				
REGISTRAN			MED	DICAL E	XAMIN	ER'S C	ERTIFI	CATE	OF DEA	TH	REG NO	9	16	3
DECEASED NAME		FIRST		WIDDLE			LAST		3	2a. DATE K	NOWN D	MONTH	DAY YEAR	26 HOUR
100000000000000000000000000000000000000		Robe	rt	C.		M	leibol	m		DEATH		7	10 19 87	M
	4. RACE	400	5. DATE OF BIRTH	YEAR	LAST BIRTHDA	Y) MONTH	DER 1 YR.	HOURS	R 24 HRS	20 DATE PRONOUNG DEAD	ED	MONTH	DAY YEAR	2d HOUR 2:25P
Male	Whi		12 - 24	-57	29 YR	S.				9 BALTIMO	DE CITY O	OR COUN	10 1987	M
FOREIGN COUNTRY)	area.			WHAT COUNTRY?						7. DALTIME	WE CITT C	ZK COOM	IT OF DEATH	
Maryland			USA			WIDOW		DIVOR			imore			MD.
[IF NO				SPITAL, NURSING HOME, OR OTHER			ER INSTITU	ER INSTITUTION 12a USUAL OCCU				E OF WORK	OR INDUS	USINESS TRY
Baltimo	_				ns Cou		ot #1		Dri	ver			Fish Ma	rket
SUAL RESIDENCE (134. STATE Marylan	136	COUNT		13c CITY	BEFORE ADMISSIO OR TOWN Limore		13d. INSIDE	NO X		EET ADDRES		ns Ct	. Apt 1	21222
14. FATHER'S NAME			MIDDLE		AST			ER'S MAID	DEN NAME		DLE		LAST	
Rober	t		J.	1	Meiboh	m	J	anet		M			Rotan	
16a. WAS DECEASED			ED FORCES?	166 SOC	IAL SECURITY	NO.	17 INFOR	MANT			ADDRESS			
No	1"	123, 0112	THE OWNER OF THE OWNER OF THE OWNER	220	-66-00	56	Rho	nda G	. Mei	bohm	Same	e as	13e.	
IR CAUSE OF PART I DE	ATH WAS	CAUSED		_	and (c).)	es	M						APPROXIMA BETWEEN ONS	
Condition	is, if any,	which	DUE TO, OR	AS A CON	SEQUENCE (OF .								
	e to imi stating the se lost.		DUE TO, OR	AS A CON	SEQUENCE (OF T		17						
PART 2 OTHER SIG	GNIFICANT CD	NOITIONS C	ONTRIBUTING TO DEATH D	UT NOT RELAT	ED TO THE TERM	INAL DISEASI	OR CONDITIE	N GIVEN IN P	ART 1 o				74	

Baltimore, MD
YREGISTRAR 25b. REGISTRAR'S SIGNATURE

250. DATE REC'D. BY REGISTRAR
JUL 13 1987

	III. CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY:	cause per line far (a), (b), and (c).)	TA TILL SA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
-	STORY IMMEDIATE CAL	USE (0). Head injurie	es .	
1	008 (DUE TO, OR AS A CONSEQUENCE O		
1	Conditions, if any, which	(h)		
	gave rise to immediate couse (a) stating the under-	DUE TO, OR AS A CONSEQUENCE O		
1	lying cause lost.	DUE TO, OR AS A CONSEQUENCE O		-
		(c)		
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO THE TERMIN	IAL DISEASE OR CONDITION GIVEN IN PART 1 to	
2				
NOTA		196 CONDITION FOR WHICH OPERA	TION WAS PERFORMED?	20 AUTOPSY?
CEPTIES				YES X NO []
1 5	21g. EXTERNAL CAUSE WAS	716. TIME OF INJURY	116 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITI	
계호	UNDERLYING TOR	HOUR A.M. MONTH DAY YEAR	THE HOSE HOSEN OCCORRED (ENTER HANDE OF MOOR) IN IN	CALIFORNIE CALLES
1 3		? P.M. 7 10 19 87	Subject fell	
MEDIC	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME,	ZII. LOCATION	
4 3	WHILE NOT WHILE	STREET, FACTORY, FARM, ETC.)	STREET CITY OR TOWN	COUNTY STATE
1	AT WORK AT WORK	home	3100 Four Seasons Ct.	Balto,MD
	22a I certify that I took charge of 1	e remains described above builden	Autopsy X . Inspection . Inquiry .	and in my opinion
	/ / / /			The in my opinion
	death resulted fram Natural cau	Agrident Spice	ide , Hamicide Undetermined manner	
1	1111	V 11 45/V/	TITLE (SPECIFY)	
	ACTUAL SIGNATURE	1 1 14	AssistantMEDICAL EXAMINER	DATE 5/11/87
7	SIGNATURE	-	MEDICAL EXAMINER	SIGNED
1	EXAMINER'S NAME	las B Walson M B	111 Dawn Ch D	-14- MD
	(TYPE OR PRINT) Char	les P. Kokes, M.D.	ADDRESS 111 Penn St. B	alto.MD.
23e	BURIAL, CREMATION, REMOVAL 236. DA	TE 23c. NAME OF CEM	ETERY OR CREMATORY 23d LOCATION	COUNTY STATE

Oak Lawn



	STA	TE	OF	M	ARYL	AND	
DEPARTMENT	OF	HE	ALT	TH	AND	MENT	A

	010		0404 · II		
DEPARTMI	ENT OF	HEALTH	AND	MENTAL	HYGIENE
	CERT	IFICATI	OF	DEATH	

1	STATE REGISTRAR			DEFARIN	CERTIF	ICATE OF D	EATH	8	7 REG. N	10.	9	Ū.	7 0
1 DE	ASED NAME	FIRST	A	AIDDLE	l	AST		20. DATE	OF DEATH	MONTH	DAY	YEAR	26 HOUR
(TYP)	Cha	arles	Car	rroll	Me	szaros		M		7 2	1, 1	.987	7:00A M
3. SE	Х	4.1	RACE		5. DATE C			6. AGE	IN YEARS LAST BI	RTHDAY)		DER I YEAR	IF UNDER 24 HRS
	Male		White	е	8 8	17,	1916		70	YRS	MONTHS	DATS	HOURS MIN.
	IRTHPLACE (STATE OR FO	OREIGN 76.		WHAT COUNTRY?	8. MARRIE	D MEVERA	AARRIED 🗀	9 BALTIA	AORE CITY	OR COUN	TY OF D	EATH	
	New York		U.S.Z	Α.	WIDOWE		VORCED		Baltir	more	Coun	ity	MD.
10. C	ity or town of DEA Edgemere	TH 11.	(IF NOT IN SUC	HOSPITAL, NURSIN HFACILITY, GIVE STREET Delmar Av	ADDRESS]	OR OTHER INST	ITUTION	(TYPE OF W	AL OCCUPAT ORK FOR MOST Reelet	OF WORKING	GLIFE) IN	Stee	1 Mfar.
13a.	AL RESIDENCE (IF NURSI	NG HOME OR OTH 136. COUNTY Baltir	ER INSTITUTION,		ADMISSION)	134. INSIDE C	ITY LIMITS?	13e.STREE	T ADDRESS Delma	/ ZIP CC	DE		219
	ATHER'S NAME PIRST Michael	MIDI	DLE	Meszaros		15. MOTHER'S Be	MAIDEN NAMERST	ME	WIDDLE		В	Borie	
	WAS DECEASED EVER			166. SOCIAL SECU	RITY NO.	17 INFORMA	NT		ADDR	ESS			
- (YES, NO OR UNKNOWN)	(IF YES, GIVE W.	AR OR DATES)	213/07/3	345	Mary I	E. Mess	zaros	(wife	e sam	ne as	13e	.)
	18 CAUSE OF DEATH	Enter anly o	ne couse per	line far (a), (b) and	dicut		-					BETWEEN	MATE INTERVAL ONSET AND DEATH
		IMMEDIATE C		Car	cia	one	Frese	io				1 la	wonth.
	Conditions, if any, gave rise to imm cause (a), stating underlying couse	ediate	(b)	R AS A CONSEQUE	de	mor	in Ca	na	um				
z	PART 2 OTHER SIGN	IFICANT CON	NDITIONS <u>CC</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	VINAL DISE	ASE OR COM	NOITION (GIVEN IN	PART Ira	31
CERTIFICATION	19a DATE OF OPERAT	ION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AL	JTOPSY?				OF DEATH?
	210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	AUSE OF DEATH	216. TIME O HOUR A P.,	M. MONTH DA	YEAR	21c HOW IN	JURY OCCUR	RED (ENTER	NATURE OF INJ	URY IN ITEM I	IS PART 1 O	RPART 2)	
MEDICAL	VHILE NOT WHEAT WORK AT WORK	at C	21e. PLACE ((AT HOME, STR	OF INJURY PEET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET			CITY OR T	OWN	C	OUNTY	STATE
	22a I certify that (1) sow the decease	d alive on	7.	2/ 19	060	nd that in (my)	(our) apinion	death accu	rred on the d	date and h			that (I) (we) last causes stated
	above, (I) (we) (d	(did nat)	Lud	affer death.	1		MITENDING PHYSICIAN [MEDICA DIRECTO	AL STA		2	??c. DATE !	SIGNED
	22d. PHYSICIAN'S NA	ME (TYPE OR PR	WINDSO	R		22e ADDRES	S						

multipe detached for use as the burial-transit permit. O FUNERAL DIRECTOR: MPORTANT: If Item 21 is Dr. Roger G. Massack 230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Cremation 236. DATE 7/22/1987

23c. NAME OF CEMETERY OR CREMATORY

1012 Old North Point Road Balto., Md. 21224 23d LOCATION
CHYOR GOWN
Baltimore, Maryland 21202

Green Mount Crematory

DHMH - 16 60M 7/84 (VRA 15, 4)

ony

JUL

Walter Brooks Bradley, Inc. Balto., Md. 21222

JUL 22 1997

STATE OF MARYLAND

		,			STATI	OF MAI	RYLAND					
129	FOR SILVE REGISTRAR			DEPAI				13	/ PEG	NO I	9 0	11
		IRST		MIDDLE	L	\ST		-			DAY YEAR	2b. HOUR
(TYPE (ret	J	Jane	Me	eyer		1	July	24	1987	10:00a
SEX		4.	RACE					6. AGE	IN YEARS LAST	BIRTHDAY]	IF UNDER 1 YEA	
F	emale		Whi	te	Apr	il 7	1912	7	75	Υ.		HOURS MIN.
		IGN 76	CITIZEN OF	WHAT COUNTR	XY? 8 MARRIEI	J WIEV	VER MARRIED					
	Maryland		USA		WIDOWE		DIVORCED [MD.
Mi	ddleRiver		1505	Chilwor	th Road		INSTITUTION				INDUSTRY	OF BUSINESS OR
USUA 13a. S1	RESIDENCE (IF NURSING ATE 13b	COUNTY	1	13c. CITY OR TO	PORE ADMISSIONS DWN LeRiver	13d. INSI	DE CITY LIMITS?	13e.STRI	EET ADDRES	s / ZIP C	th Ave.	21220
4. FA		44.0	nnie.	LAST				ME	ALIDDI F			
(_	Will		Machle	У		Sadie		MIDDLE		Woode	n
								le L				
(11	no	763, 0116 1	ran On Dailes	219-40	-1669	Geo	rge Meye	r1505	Chil	worth		
	18 CAUSE OF DEATH IE	nter only	one couse per	line fop(0), (b)	ond reju	2 (1)	1000	(ci	021/2	0	APPRO BETWEEN	XIMATE INTERVAL NONSET AND DEATH
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			DUE TO, O	R AS A CONSEC	QUENCE OF ~	110	220	p.	OKK	65	1	lar
			(b)_	//14	177/	111	OKPOU	1/2	1/6	1R2	4	co c
	couse o , stating	the	DUE TO, OI	RAS A CONSEC	QUENCE OF	18	estri	ie C	PRC	ine	242	
z	PART 2. OTHER SIGNIFI	CANT CO	NDITIONS CO	ONTRIBUTING T	O DEATH BUT	HOTEL	ATED TO THE TERM	MINAL DIS	EASE OR CO	NORTH	GIVEN IN PART T	(0
ATIC	90 DATE OF OPERATION	N	196 CONDI	ITION FOR WHI	CH OPERATIO	V WAS PE	REORMED	200/	AUTOPSY?	20b. I	F YES, WERE FIND	INGS USED
IFIC								YES		IN CI	ERTIFYING CAUSE	S OF DEATH?
CERI				F INJURY		21c. HO	W INJURY OCCUR	RED (ENT		NJURY IN ITEA		
ED		- Conversion	21e. PLACE	OF INJURY					C17V C1	10wp	COUNTY	STATE
2	SERVICE CO SERVICE ASSESSMENTS		(AT HOME, STR	REET, FACTORY, OFFI	CE, FARM, ETC)		DIRECT		L117 OR	- CANA	COOKIS	STATE
	22s.1 certify that (I) (thi	s_baspits)	affeodad (h	25000000	1		19	, to			19	, that (I) (we) last
	naw the deceased a	did not	Viele	offer death	on	d that in	(my) (our) apinion	death occ	curred on the	date and	hour and from th	e couses stated
	ME SIGNATURE	5/	1/1			DEGREE	///				22t. DAT	E SIGNED
	11/1	//	01	/	-	-/11	ATTENDING PHYSICIAN	MEDIC			17-0	14-81
	THE PHISTOLIANS NAME	JAME THE	Wasti			22e ADI	/					
	Dr. Prezi	oso			100	1	W.Overl	ea A	7e.			
230. BI	JRIAL, CREMATION, REA	AOVAL	7/27	/87	Parkwo	od Ce	or crematory emetery	23d L	OCATION CITY OF BAS	Ltimo	re Mary	land STATE
				ADDRESS			25a DA	TE REC'D.	BY REGISTR	AR 25b. RE		
Co	onnelly Fune	eral	Home 3	00 Mace	Ave. 2	1221	JU	128	1981	Juli	a Dendur	Kadada
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10 FUN RAL DIRECTOR: After this certificate has been signed by the opticing physician and campletely filled in by the funeral director, page 3 mount by detached for use as the burial-transit permit. Then please reindow corban pages. Pages 1 and 2 should be filled within 72 hours after death the state Dept. of Health and Mental Hygiene prior to burial, cremation, acremoval. TO HOSPITAL OR ATTENDING PHYSICIAN: The low remarked by the hospital or ottending physician.

STATE OF MARYLAND

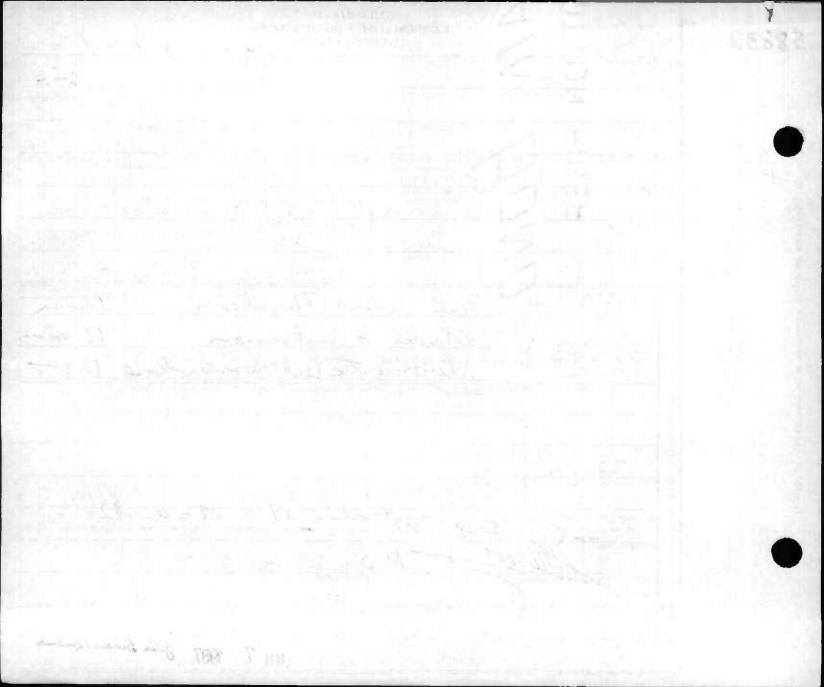
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH MONTH 26 HOUR Christos MICHALIODIS July 19, 1987 2:40a 4. RACE 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 1908 Male White BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore County Chios, Greece WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17h, KIND OF BUSINESS OR Franklin Square Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) Rossville Chris' Ret. Rest. Owner USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 13. STREET ADDRESS / ZIP CODE 7812 Old Harford 13d. INSIDE CITY LIMITS? Baltimore Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Michaliodis George 166 SOCIAL SECURITY NO. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Robert R. Rhodes 7812 Old Harford Rd. 21234 124-12-2021 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Cardiorespiratory Arrest DUE TO, OR AS A CONSEQUENCE OF (b) Chronic obstructive airway disease Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. Angioimmunoblastic: Adenopathy PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOIX 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21g. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER) 714. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR LOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (X (this haspital) attended the deceased from July 19 saw the deceased alive on JULY 9 above, (X(we) (did) (MAXXI) view the bady after death and that in (m) (aur) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED DEGREE ATTENDING July 19, 1987 MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) Dr. M. Boles 9000 Franklin Square Dr. 21237 23a BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY CITY OR TO Baltimore CON Maryland IATE 7-21-87 Parkwood Cemetery Burial 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Finnal Hore 7 401 Below Rol

DHMH - 16 60M 7/84 (VRA 15, 4)

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CTATE OF MARVIANA	
STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	Č
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M	ARYLAND		U.S	S.A.	WIDOWE		BAL	TIMORE	COUNT	ΓΥ		MD
HO CI	ITY OR TOWN OF DE	ATH 1		HOSPITAL, NURSIN		OR OTHER INSTITUTION		OCCUPATION K FOR MOST OF WOR		b. KIND C	F BUSINESS	OR
	RANDALLSTO	NWO		MORE COUN		NERAL HOSPITA		SEWIFE	KING (IFE)		MKM HO	ME
USU	AL RESIDENCE IF NOR	SING HOME OR O	THER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	1 13d. INSIDE CITY LIMITS?		ADDRESS / ZIP	CODE		110	
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	WAS DECEASED EVER		ED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMANT		ADDRESS				
	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES	215-12-1	439A	MRS. CLAIRE	FRIED	5714 0	AKSHII	RE RD	21209	
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	AT WORK AT W	ORK				1000				011		
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	obove, (I) (we)			after death.	, or	nd that in (my) (aur) apinion	Georn occurre	o on the date at	na navi one	rram the	couses stated	

DEGREE 22c DATE SIGNED 276. SIGNATURE MD ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN

22e ADDRESS

GENERAL HOSPIT.

230 BURIAL, CREMATION, REMOVAL 23b. DATE 7/28/87

230 NAME OF CEMETERY OR CREMATORY CHIZUK AMUNO CEM

23d LOCATION CITY OR TOWN BALTO

STATE COUNTY MD

74 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC 6010 AREISTERSTOWN RD. BALTO., MD 21215

250. DATE REC'D. BY REGISTRAR 756 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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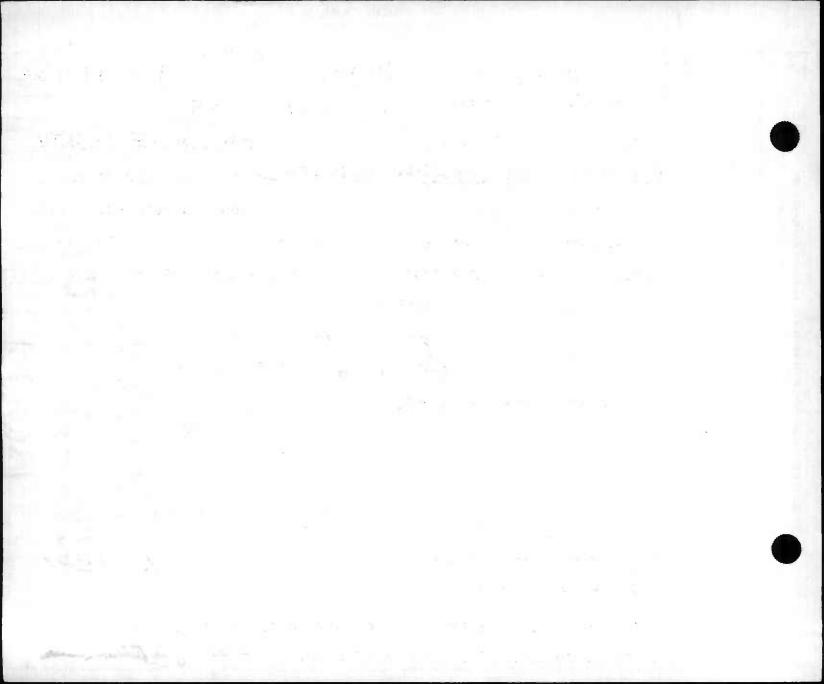
	1.	FOR STATE REGISTRAR		CERTIF	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	8 REG. NO		2 0	7
D		CEASED NAME FIRST HAW	I.	Mi	110	20 DATE OF DEATH	MONTH DAY	87 87	7:20 PM
	3 SE)	male	4 RACE White	5 DATE C		6 AGE INVERSEAST BIRT	MONT		HOURS MIN.
5	(RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.S.A.	MARRIEI WIDOWE	DX DIVORCED	BAUTIN	COUNTY OF	CDU	NTY MD.
(A)	10 CI	OWSON	11. NAME OF HOSPITAL, NURSIN	G HOME C	OSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Manufac	WORKING LIFE)		
3	13a S	STATE 136 COUN	TOTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOWN 211 More 211	N	YES NO X	13e STREET ADDRESS / 2600 Mon		ld. 2	21111
	14 FA	THER'S NAME FIRST William	Miller		ns mother's maiden nav	A JODGE		Tuerl	ce
medico		VAS DECEASED EVER IN U.S. AR YES. NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166. SOCIAL SECUIVE WAR OR DATES) 213-01-		Joanne I. I	ADDRE		ton I	Rd.2111
went, the		PART I. DEATH WAS CAUSE	nly ane cause per line for (a), (b), and (b) BY TE C AUSE (a)	515				BETWEEN ON	ATE INTERVAL ISET AND DEATH
query, or Demonstrationalist	NC	Conditions, if any, which gave rise to immediate couse (o), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT (CARCIN	DUE TO, OR AS A CONSEQUE (c) DIAB CONDITIONS CONTRIBUTING TO D	NCE OF SETE .	MELLITU.		DITION GIVEN I	N PART 110	
2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	-	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	G CAUSES O	
7	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE- (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	HOUR A.M. MONTH DA	19	211 LOCATION STREET	RED (ENTER NATURE OF INJUS		OR PART 2)	STATE
If Bern 21 is morke		sow the deceased alive on abave, (1) (wet (did) (did no 22b. SIGNATURE	ital) attended the deceased from	, or	nd that in (my) (*** opinion of ** DEGREE ATTENDING PHYSICIAN	death accurred on the do	ite and havi and		
MPORTANI /			7. KH00		22e ADDRESS				
		BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL			EMETERY OR CREMATORY ON METHODIST				STATE
7/84	24 FU	UNERAL DIRECTOR	ISON 8521 LÖCH	RAVI	TAT TOT TITE	E REC'D. RX PEGISTRAR	156 REGISTRAR	SSIGNATU	RE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has basen sign should be detached for one as the busical-remain person. Then, with the State Dept. of Health and Mental Hygeres prior to but

TO HOSPITAL OR ATTENDING PHYSICIAN. The law retained by the hospital or attending physician.



martin deoth

STATE OF MARYLAND

211	FOR TATE VEGISTRAR	DEPA	RTMENT OF HEALTH AND MEN CERTIFICATE OF DEA	TH Q	6.NO. 1	9 0	76
	CEASED NAME THEST	WIDOUR	MINTER	24 DATE OF DE	7-7-	87	1 32 AN
3. SE	Male	Black	5. DATE OF BIRTH	NEAR OF THAT	YRS.	2 Ungles 1 1924	HOURS AFRE
V	WHO HOUSE	74. CITIZEN OF WHAT GOUNTS	MARRIED LI NEVER MARI WIDOWED DIVOR	CED DON	THY OR COUNTY	OFIDEATH	, ME
10.5	alt Co.	IN NOT IN SUCH PACKAGE, GIVE ST	LL.	10N 176 USUAL OCC		176 KIND O	U/A
	IAL RESIDENCE IV NIG INCHOME STATE IDE COL	A GENER METHODOS COM PERSON OR TO		IMITS IBESTREET ADD	ESS AFTCODE	える	1207
34.5	X LEVY	K. Hut	Sha	LOEN NAME	1 des	NIS	
	WAS DECEASED EVER IN U.S. A	RMED FORKESTY IN SOCIAL S	CUMITY NO. 17 MORNANT	Skup	ADDRESS /	A HE	第
	PART L DEATH WAS CAUS	rely one cause per line for to / jb). EU BY: TE CAUSE 102 Resource	tun moulle	uine.		APPROX.	MAN PHIERY ALL
	Conditions, if any, which gave rise to immediate cause to, stating the underlying cause last.	DUE TO, OR AS A CONSE	my 13 ports	Land Man to	alderly	met	4 2 mon
NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OF	CONDITION GIV	EN IN PART IN	M.
CERTIFICATI	190 DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATION WAS PERFORME		IN CERTIF	S, WERE FINDING CAUSES	
3	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	HOUR A.M. MONTH	DAY YEAR	Y OCCURRED (ENTER NATURE	OF INJURY IN ITEM 18 F	PART 1 OR PART 2}	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.)	CI	TY OR TOWN	COUNTY	STATE
	sow the deceased alive of	n 6 20 1'sol view the body ofter death.	0.00	opinion death occurred or	the date and hou	ond from the	tho (I) (we) lost couses stated
	22h SIGNATURE	Otto MO		NDING MEDICAL SICIAN DIRECTOR	STAFF PHYSICIAN	7./	SIGNED 5.87
	DAVID I.	OTTO, MD	Caton	05 Frederic		Suite.	200
230.	BUTAL CREMATION REMOVA	L 23h DATE 2	HAME OF CEMETERY OF CREATER	AATORY 23d LOCATIO	N lan	un	alt
2/7	UNERAL DIRECTO	1 V/ - NOOM	1831 Druo	PATE BOC'D BY SEGI	STRAR 256 REGIST	RAR'S SIGNAT	URE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detacked for use as the burial-transit permit. Then please remaint the State Dept. of Health and Mental Hygiene prior to burial, criming

061479 JUL

FOR

STATE OF MARYLAND

JIAIL OF MARTERIES
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

JU B REGISTRAR		CEKTII	TCATE OF DEATH	O REG	NO.	0//		
I DECEASED NAME FIRST MIDDLE (TYPE OR PRINT)			LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR				
Joseph			NTZ .TR	July 2	28. 1987	6:30A M		
3 SEX	4 RACE	5. DATE (6. AGE (IN YEARS LAS	T BIRTHOAY) IF UN	OER I YEAR IF UNDER 24 HRS		
Male	Male White		ne 4 1924 YEAR	63	YRS	S DAYS HOURS MIN.		
To. BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUN		RY? 8.	D NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNTY OF	DEATH		
NorthCarolina	USA	WIDOW		Pal+imon	no County	MD.		
0. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NUR				Baltimore County MD. 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR				
Rossville Franklin S			spital	(TYPEGE WORK FOR MOST OF WORKING LIFE) INDUSTRY				
UNL STATE 1136 COU			1136. INSIDE CITY LIMITS?	13e STREET ADDRES	SS / 7IP CODE			
	lto. Middle		YES NON			Apt. 1821220		
14 FATHER'S NAME		-NIVE-I	15. MOTHER'S MAIDEN N.	AME	dieway nu	· Apt. IDZIZZO		
FIRST	MIDDLE LAST		FIRST	MIDDL	E	LAST		
TOSEPH 160 WAS DECEASED EVER IN U.S. A	B. Mintz S		Elsie	AD	DRESS	+		
	IVE WAR OR DATES)	ECOKIII IVO.						
ves Ww	11 240-30-	-6341	Emo J.Mintz	201 Middl	eway Rd.A	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSE (b) Sepsis DUE TO, OR AS A CONSE (c) Gastro CONDITIONS CONTRIBUTING	OUENCE OF	onal Bleeding	J				
				MINAL DISEASE OR CO	JUDITION GIVEN IN	A PART IIa		
Chronic Obstr	ructive Pulmona			20g AUTOPSY?	201 IE VEC ME	RE FINDINGS USED		
E 176 DATE OF OPERATION	198. CONDITION FOR WHICH OPERATIO		IN WAS PERFORMED		IN CERTIFYING	CAUSES OF DEATH?		
III III				YES NO	7	NO []		
OR CONTRACTOR CONTRACTOR	216. TIME OF INJURY	DAY YEAR	21¢ HOW INJURY OCCUI	RRED (ENTER NATURE OF	NJURY IN ITEM 18 PART 1 C	OR PART 2)		
(IF EITHER, NOTIFY MEDICAL EXAMINI		19						
(IF EITHER, NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CUVO	R TOWN C	OUNTY STATE		
WHILE NOT WHILE O	(AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC)	SINCE	CITO	K TOWN	STATE		
	nital) attended the deceased fro	June	30, 19 87	July	28, 19	87 that M (we) lost		
saw the deceased alive a	bt) view the bady after death.	9_87.0	nd that in (🍂) (our) opiniar	death accurred on the	e date and haur and	fram the couses stated		
226 SIGNATURE	on view the budy unter death.		DEGREE			22c DATE SIGNED		
Denise	bollo	h r	no ATTENDING PHYSICIAN	MEDICAL S	STAFF ISICIAN Q	7/28/87		
224. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS					

236. BURIAL, CREMATION, REMOVAL

IMPORTANT

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial 7/30/87 24 FUNERAL DIRECTOR

oseph m

Ph m 9000 Franklin Square Drive, 21237

236 NAME OF CEMETERY OR CREMATORY HollyHillCemetery MiddleRiver Baltimore Maryland

Connelly Funeral Home 300MaceAve. 21221

23b. DATE

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
JUL 3 1 1987 Julia Deviden Rondon

allahette-rankouter Telefolika

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR 1 DECEASED NAME Sister Mary Ignacita Morales 0. S. P. 1987 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 5. DATE OF BIRTH 1906 female Cubi an BALTIMORE CITY OR COUNTY OF DEATH Ta. BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVERMARRIED Cuba Baltimore county Cuba DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12g USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFEY INDUSTRY Catonsville Nun USUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS / ZIP CODE 701 Gun Road 21228 13d INSIDE CITY LIMITS? Md Catonsville 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME Remiais Morales Morales Marina 16b. SOCIAL SECURITY NO 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO ORUNKNOWN) LIE YES GIVE WAR OR DATES! 220-60-8815 Sister Marina Kelly 701 Gun Road APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse lot, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse tost. NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 1,91 21a. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21f LOCATION 71d INJURY OCCURRED 21e PLACE OF INJURY COUNTY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.) WHILE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) Idid not) view the body ofter death DEGREE 22h SIGNASUR 22c DATE SIGNED ATTENDING MEDICAL STAFF ld be deto the Stote **PHYSICIAN PHYSICIAN** MPORTANT 23a BURIAL, CREMATION, REMOVAL 23b. DATE Buria

DHMH - 16 60M 7/B4 (VRA 15, 4)

Loudon Park Cemetery

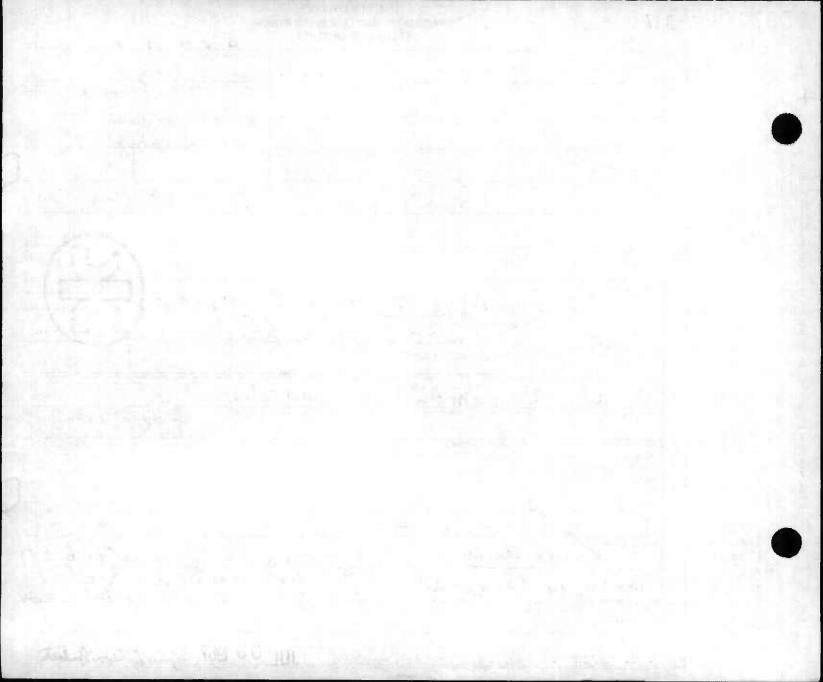
Baltimore

Md

24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

March F/H West 4300 Wabash

7/6/87



BP.

DHMH - 16 60M 7/B4 (VRA 15, 4) FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

29 BYGISTRAR			CERTIF	ICATE OF DEATH	8	KEG NO.	190	10	
	FIRST CHRISTINA	M.	M	ORRIS	20 DATE OF DI	ATH MONTH	26 87	26 HOUR 205	
FEMALE 4 RACE caucasian			5. DATE OF BIRTH MONTH DAY YEAR 12 23 00		6 AGE (IN YEAR		MONTHS DAYS	HOURS MIN.	
76. CITIZEN OF WHAT COUNT COUNTRY) Ireland USA 10. CITY OR TOWN OF DEATH Dulaney Valley 11. NAME OF HOSPITAL, NUI (IF NOT IN SUSTACHETY SINES)			MARRIE WIDOWI NG HOME ((ADDRESS) H	OR OTHER INSTITUTION	7 BALTIMORE CITY OR COUNTY OF DEATH TOWSON MARY LAND MARY LIZE USUAL OCCUPATION 126 KIND OF BUSINESS OF CITY OF WORKING LIFE) INDUSTRY				
14 FATHER'S NAME			13d INSIDE CITY LIMITS YES NO 1 15. MOTHER'S MAIDEN		NAME STANDARD STANDAR				
James Hol		16b. SOCIAL SECU		Ann Hopk	Kins	ADDRESS 433	-3299 4 Helwyn	2/21	
	which (b) diote the lost.	OR AS A CONSEQU	ENCE OF	NOT RELATED TO THE TER/	MINAL DISEASE C	ir condition	GIVEN IN PART 1	0	
190 DATE OF OPERATION	DN 196 COND	ONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPS	Y? 20b. II IN CE	F YES, WERE FINDI ERTIFYING CAUSES YES [7]	NGS USED S OF DEATH?	
OR CONTRIBUTING CAL	JSE OF DEATH HOUR A	DF INJURY M. MONTH D M.	AY YEAR	21c. HOW INJURY OCCUR					
216 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	LAT HOME ST	OF INJURY REET, FACTORY, OFFICE	FARM, ETC)	211 LOCATION STREET	(ITY OR TOWN	COUNTY	STATE	
sow the deceased	(did not) view the body	19	, 0	22e ADDRESS	MEDICAL DIRECTOR	STAFF PHYSICIAN	22c. DATE	E SIGNED	
230. BURIAL, CREMATION, RE		~		EMETERY OR CREMATORY	23d LOCATIO	NC	county alto. Co. GISTRAR'S SIGNA	STATE	
24 FUNERAL DIRECTOR NAME Mitchell-Wie	defeld Hemo	ADDRESS	6500	YORK RA	TE REC'D. BY REG	ISTRAR 25b. RE	GISTRAR'S SIGNA	TURE Parkage	

JUL

STATE OF MARYLAND

1.	FOR STATE	DEPART		IEALTH AND MENTAL HYG	SIENE		73	A 1
7	PEGISTRAR				REG I	10.	7 4	8 6
	CEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH	7 1	AY YEAR	26 HOUR
	Chri	stine	Mra	anowitz		/ 1	6 87	7:45
3. SE	х	4 RACE	S. DATE C		6 AGE (IN YEARS LAST B		ONTHS DAYS	HOURS MIN
	F	W	MONT	1°4′ 9°5°	92	YRS	ONINS DATS	HOURS MIN
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MADDIE	D NEVER MARRIED	9 BALTIMORE CITY			
	stria Hungry	USA	WIDOW		Bal	timore	e Cour	ity ME
	it on sville	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET St. Joseph s	ADDRESS)	or other institution sing Home	120 USUAL OCCUPA TYPE OF WORK FOR MOST HOUSEWS	OF WORKING LIFE		F BUSINESS OR
	AL RESIDENCE (IF NURSING HOME OR STATE MD 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 13c CITY OR TOW Balti		13d INSIDE CITY LIMITS?	13e STREET ADDRESS		St. ((21231)
14. F/	ATHER'S NAME			15 MOTHER'S MAIDEN NA				
9	Peter	Mikes.	ch	Herman	i a		Chris	t
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	URITY NO.	17 INFORMANT	ADD	RES 1222	Tugwe	ell Dr.
,	TO (IF YES GIV	217-32	-9020	St. Joseph	h's N.H./	Cato	onsvil	lle, MD.
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	with (Grang a	Peter Desc	rice	5,	n)
	PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DEEDE OF CO.	ADMINION GOVE	N W HARL III	
NO		Inforted alada	ninila	verein bler	er. Thetre	tonker	Farfrat	A Eller.
CERTIFICATION	19a DATE OF OPERATION	191 CONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED	70s AUTOPSYT		WERE FINDING CAUSES	
MEDICAL CERT	270. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN)		-	NO []
EDI	21d INJURY OCCURRED	21e PLACE OF INJURY	EARM FIC)	21f LOCATION	CITY OR T	OWN	COUNTY	STATE
>	AT WORK NOT WHILE AT WORK	TATIONE SINCE TACTORY, OTTACE	, Anni, ETC)		10			
	sow the deceased alive on	ottended the deceased from_	87.0	nd that in (my) (and appinion	death accurred on the	dote and hour	ond from the	that (I) June) lost couses stated
	22b. SIGNATURE	Jon Mcha	M	PEGREE ATTENDING PHYSICIAN	MEDICAL ST.		221 DATE	SIGNED 16,1907
6	J. NEWW	McKAY, M.	D.	1132 N. Ko	LLING K	Belle	md:	21228

TO FUNERAL DIRECTOR After 114 should be detoched for use os the with the State Dept. of Health and IMPORTANT. If Item 21 is

DHMH - 16 60M 7/84 (VRA 15, 4)

DEP

ARTMENT OF HEALTH AND MENTAL HY	GIENE	142			
CERTIFICATE OF DEATH	3	REG. NO	9	U	3
LAST	2a DATE C	F DEATH MONT	H OAY	YEAR	25 HOUR

	. 1 -	STATE REGISTRAR			CERTIF	ICATE OF DEATH	8 / REC	, NO	9 0	8 1
	22	SED NAME FIRST HELEN	K.	MIDDLE	Mi	UELLER	JUL TUL	Y 18	1987	26 HOUR 03
	3. SEX		4 RACE		5 DATE C		6 AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
J		Female	White		12-	-25-1902 YEAR	84	YRS	MOINTAS DAYS	MIN.
-		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	D NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNT	Y OF PEATH	
1	Ba	ltimore, Md.	U.S	.A.	WIDOWE		BALTIN	MORE	COUN	VTV MD.
1	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUP			F BUSINESS OR
	7	DWSON	STI	JOSEF	HI F	10SPITAL	Home Mal		INDUSTRE	
1	U5UA 13a S	L RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE		1134 INSIDE CITY LIMITS?	13e STREET ADDRE	SS / ZIP COD	F	
	M		imore	Cockeysv		YES NO X	9600 Lab			21030
	14. FA	THER'S NAME	WIDOLE	LAST		15 MOTHER'S MAIDEN NA			LAS1	
		Henry		Korber		Lillian H	E. Foit	14	LAS	'
		AS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	RITY NO.	17 INFORMANT		DRESS	Unr	perco,Md.
	(4	ES NO OR UNKNOWN) (IF YES, GI	E WAR OR DATES!	217-58-5	574	Carole M. Bar	nkert -420)4 Mt.		
		II. CAUSE OF DEATH (Enter or	du one souse ne	<u> </u>		Todaloze iii bai	THE TE	- 1100	APPROXI	MATE INTERVAL ONSET AND DEATH
		PART I DEATH WAS CAUSE	D BY:	Musca	1.2	1 Infan	otion		7 (21/5
		IMMEDIA	TE CAUSE (a)						1	1143
		Conditions, if any, which	DUE TO, C	R AS A CONSEQUE	NCE OF					
	Н	gove rise to immediate	(b)_							
		cause (a), stating the underlying cause last.	DUE TO, C	R AS A CONSEQUE	NCE OF					
ij		PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO F	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR C	ONDITION GE	VEN IN PART 1:	
	Z	TARTE OTTER SIGNAL TEATER	20110110113	011111001110101	ZEATT DOT	THO THE TENM	mvat bist ast on c	01101101101	TELT HTT AICH THE	
ø	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDIN	
1	띮						YES TO NOT	_ /	FYING CAUSES	OF DEATH?
٠	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME C	OF INJURY		21c HOW INJURY OCCURE		-		
7		OR CONTRIBUTING CAUSE OF DE	AIR	.M. MONTH DA						
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		.M. OF INJURY	19	211 LOCATION				
	W.	WHILE O NOT WHILE O		REET FACTORY OFFICE F	ARM ETC]	STREET	CITY	OR TOWN	COUNTY	STATE
1		22a 1 certify that (I) (this hosp	tal) attanded ti	a decored from	JUL	18 10 87	10 30	- Y 13	10 87	that (I) (we) last
١		sow the deceased alive ar	700	18 19	7 -7	nd that in (my) (aur) apinion (death occurred an th	e date and ha		
1		27b. SIGNATUR	I view the body	ofter death.		DEGREE			221 DATE	SIGNED
		\\.	1+	H1000h	M	111 ATTENDING	MEDICAL	STAFF	17/1	18/97
H		22d PHYSICIAN'S NAME TYPE	OR PRINT)	- Carr		PHYSICIAN [1		1.11	0/0/
		0	11 F	1201		Spint Joseph	HOSE/76	20 YORH	RellTown	son Md 2170
-	22- 0	URIAL, CREMATION, REMOVAL	23b DATE	LEUP	LAME OF C	EMETERY OR CREMATORY	23d LOCATION			7 (100
	130 D	UNIAL, CREMATION, REMOVAL	43B DAIL	236 1	AWAR OL C	LIMILIERT OR CREMATORY	130 FOCULO14			

DHMH - 16 60M 7/84

BP.

O FUNERAL DIRECTOR

(VRA 15, 4)

Burial 7-21-87

FOR

Immanuel Lutheran Cem.

Baltimore, Maryland

John C. Miller, Inc.-6415 Belair Road-21206

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE JUL 2 1 1987 Julia Decider Randon

		1 00			MILLI	MIND	
DEPART	MENT	OF	HEA	LTH	AND	MENTAL	HYGIEN
	CE	RTI	FIC	ATE	OF	DEATH	

			STATE OF MARYLAND		
1,	FOR	DEPA	RTMENT OF HEALTH AND MENTAL H	YGIENE	
	- STATE - REGISTRAR		CERTIFICATE OF DEATH	8 7	1 9 0 2 5
28	N/	MARY	LAST	REG. NO.	NIH DAY YEAR 125 HOLIR
(TYI	PECRASED NAME FIRST PEOR PRINTI	7477 7760E	MURPHY	7 DATE OF DEATH	1 -23-27 4:50 M
3. SI	EX	4. RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHD)	AY) IF UNDER TYEAR IF UNDER 24 HRS
1	FEMALL	CAUC.	10 2 13	73 74	YRS
76. E	COUNTRY)	CITIZEN OF WHAT COUNT	MARRIED LI NEVER MARRIED L		COUNTY OF DEATH County
10.0	CITY OR TOWN OF DEATH	A.	WIDOWED DIVORCED [120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
6	OCHEYSUILLE	(IE NOT IN SUCH FACILITY, GIVE ST	MEAD	Homemake	T INDUST
30		imore Cocke	OWN 4134 INSIDE CITY-HATTS?	13801 York	Road 21030
-	Maryland Balt	imore Cocke	VSVIIIE YES NOTHER'S MAIDEN A		· · · · · · · · · · · · · · · · · · ·
À	HARRY Spiel	man BUN	IN AGNE	Winifre	ed , WARP
160	WAS DECEASED EVER IN U.S. ARA	MED FORCES? 16b SOCIAL S		ADDRESS	LillCottolity
	No -	058-6-	3-09/0 Mrs. Pegg	y Anne Mohle:	r 3012 Oak Green C
S	18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	BY: AT , LO	Respiration +	Failine	PETWEEN ONSET AND PEATH
	IMMEDIATE	DUE TO, OR, AS A CONSE	OHENCE de	10	
10	Conditions, if any, which	(b) Meta	stuti Vancrea	ni (anter	Lisears
	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	OUENCE OF		
	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TEL	RMINAL DISEASE OR CONDIT	ION GIVEN IN PART 110
CERTIFICATION					
FICA	19a DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED		Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?
E	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	Tab HOW INTERVOCCE	YES NO.	YES NO
	OR CONTRIBUTING CAUSE OF DEAT		DAY YEAR	URRED (ENTER NATURE OF INJURY IN	HITEM 18 PART I OR PART 2)
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
2	AT WORK NOT WHILE AT WORK	(A) HOME SHEET, FRETONT, OF	1 - 1	, ,	
	220 I certify that (I) (this haspite	UVIC 21		on death accurred on the date	ond hour and from the causes stated
	otique (dis (we) (did) (did not 72h SIGNATURE	view the body after death.	DEGREE	,	22c. DATE SIGNED /
	Hisun /	noun	M. P. ATTENDING PHYSICIAN	MEDICAL STAFF	-1211/0
1	PERPHYSICIAN'S NAME ITTH OF	m 10.	220 ADDRESS	V k Po	
-	1 -Usan	11- LEVE	13001	10TK ROO	acc
	Burial REMOVAL	July 27, 1987	New Cathedral C	eme Baltimor	e. Maryland State
	FUNERAL DIRECTOR			ATE REC'D. BY REGISTRAR 256.	
	Markin D. Laws	on Padonia ADDRE		11 07 1000 1	

DHMH - 16 60M 7/B4 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages if and 3 should be taken to be some containing the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the retained by the haspital ar attending physician.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the

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rector page 3 urs after death

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death certificate be executed within 24 ha

Martin D. Lawson Padonia & York Rds.

JUI 2 / 1987 Julia Dandon Ka

AND THE RESERVE OF THE PROPERTY OF THE PARTY OF THE PARTY.

I aska. . Energo agonial Ersk 8 .

ompletely filled in by the funeral director, page 3 and 2 should be filed within 72 hours after death

completely filled

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	1	REG.	NO.	1	9	Ü	8	3
DATE	OF D	EATH	7/	5	18	YEAR	2b +	A

Female	YNE MIDDLE D. Mus	Selv.	MUSSELMAN	7	15/8°	YEAR 21	HOUR
* Female	RACE	Selv.	nan	7	15/8	7	1 A M
Female	RACE	5. DATE O	E DIDTH				
Female				6. AGE (IN YEARS LAST BIRT			F UNDER 24 HRS
	CAUC.	MONTH	210 22	69	YRS MONTH	DAYS H	YOURS MIN.
	CITIZEN OF WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY O	7.110	EATH	
GUNTRY) Md	115A	WIDOWE		BAltin	rose Co	nink	/ MD
ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSIN	IG HOME O		12ª USUAL OCCUPATION	ON 12		USINESS OR
7/12/50/1	Stalla MAR	ADDRESS)	tospic &	Sanitarian		alto.C	Co.Heal
AL RESIDENCE (IF NURSING HOME OR OTH			-	4			Dept
ryland Balti	more Towson	N	13d. INSIDE CITY LIMITS? YES NO 🔀	13e STREET ADDRESS / 515 Charle		t Ave.	21204
ATHER'S NAME			15. MOTHER'S MAIDEN NA	ME			
A Tosenh =	A TIA		Alice.	214	200	LAST	
VAS DECEASED EVERIN U.S. ARMEI	D FORCES? 166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
YES, NO OR UNKNOWN) (IF YES, GIVE W)	AR OR DATES)	1921		fusselman -	same as	#13e	
18 CAUSE OF DEATH (Enter only o					T	APPROXIMA	TE INTERVAL SET AND DEATH
PART I. DEATH WAS CAUSED B			dancinom	a DE Brs	ACT	0	W
IMMEDIATE C	AUSE (O)	1110	CARCINOM	2.20 1.110	0	-	1
Conditions, if ony, which		NCE OF		AMO Zan	7		
gove rise to immediate	(b)						
couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF					
	(c)						
PART 2 OTHER SIGNIFICANT CON	ADITIONS CONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONI	DITION GIVEN IN	I PART Iro	
19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE		
				YES TO NOT	IN CERTIFYING		F DEATH?
21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURR				110
OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA						
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M. 21a PLACE OF INJURY	19	211 LOCATION				
WHILE IN NOT WHILE IT	(AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC)	STREET	CITY OR TO	WN C	OUNTY	STATE
AT WORK							
	ottended the deceosed from_		Ay 19 8)	, to Taly	5 , 19_8	27_, tho	ot (P) we) lost
22a certify that (1) (this haspital)	A 1 A						
sow the deceased obve on	rew the body offer death	, on	d that a (my) (our) opinion o	death occurred on the do	te and hour and	from the cou	uses stated
	ew the body offer deoth.	,	d that in (my) (our) opinion o	death occurred on the do		from the cou	

Carl Friedman, M.D.

660 Kenilworth Drive, Towson, Md. 21204

730. BURIAL, CREMATION, REMOVAL 236. DATE BURIAL 23c. NAME OF CEMETERY OR CREMATORY 7-8-87

23d. LOCATION Owings Mills, Balto., Md.

Garrison Forest Cem.

220 ADDRESS

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

retained by the hospital or

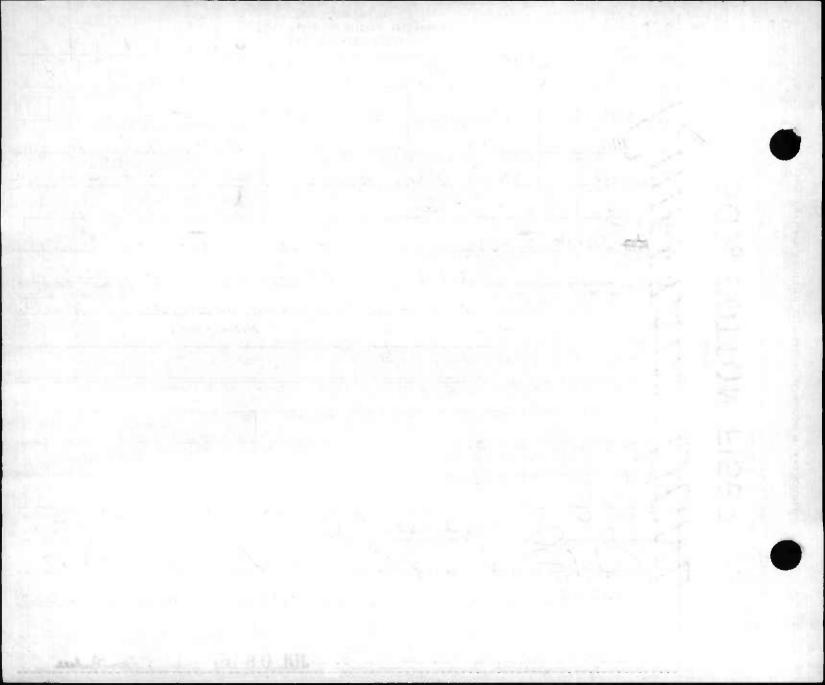
BP.

should be detached for use as the burial-transit permit. Then plant he State Dept. of Health and Mental Hygiene prior to bur TO FUNERAL DIRECTOR: After this certificate has been TO HOSPITAL OR ATTENDING PHYSICIAN: The lov

IMPORTANT: If Hem 21 is marked or Hem 18 shows

24 FUNERAL DIRECTOR

Ruck Towson Funeral Home, Inc. Towson, Md. 21204



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filed

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8 / REG. NO	9	U	8 .	K.
20 DATE OF DEATH MONTH	DAY	YEAR	26 HO	UR
7	28	7	191	6
6 AGE (IN YEARS LAST BIRTHDAY)	IF UND	ERIYEAR	IF UNDE	R 24 H
1	MONTHS	DAYS	HOURS	MI

SEX	4 RACE	5 DATE OF BIRTH
F	CAUC	MONTH 5
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8

MYRTIF

MARRIED NEVER MARRIED DIVORCED WIDOWED

Baltimore Co.

9 BALTIMORE CITY OR COUNTY OF DEATH

126 KIND OF BUSINESS OR

10	011	101	110	4414	01	DLAI
D		1-	77	- 4		
K	ar	Ida		SI	ιΟ:	wn
				_	-	

IYES. NO OR UNKNOWN

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13c. CITY OR TOWN

13d. INSIDE CITY LIMITS? TS MOTHERS MAIDEN NAME

YEAR

13e STREET ADDRESS / ZIP CODE 2528

_	_	
14	FATHE	R'S NAME
		FIRST

13a STATE

CERTIFICATION

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urial-transit p Sh COUNTRY)

- STATE

REGISTRAR DECEASED NAME (TYPE OR PRINT)

SOCIAL SECURITY NO

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Baltimore Co. General Hospt.

_	IVU		K/	0
	18 CAUSE OF DEATH	HEnter only one couse per AS CAUSED BY:	line	for (a),

(IF YES, GIVE WAR OR DATES)

Conditions, if any, which gave rise to immediate couse (0), stating the

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:10 190 DATE OF OPERATION

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

MO AUTOPSY 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO

710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

saw the deceased alive an.

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M

TIE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2)

21d. INJURY OCCURRED NOT WHILE

underlying cause

TIE PLACE OF INJURY AT HOME STREET FACTORY OFFICE FARM ETC 1 211 LOCATION

CITY OR TOWN

220.1 certify that (1) (this haspital) attended the deceased from...

obove, (1) (we) (did) (did not) view the body after death

ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE DATE SIGNED

1	100	cez	A		Ly	(00)-	
ij	Districtor	SAPA LO STABLE	Laure Fr	annie .	/	16	_

PHYSICIAN 22e ADDRESS

MEDICAL STAFF DIRECTOR | PHYSICIAN

ATTENDING.

should be detached with the State Dept.

DHMH - 16 60M 7/84 (VRA 15, 4)



1 -	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 / REG. N	101 9	U 8 5	
	CEASED NAME OR PRINT)	FIRST STA	RAH ^	FRANCE	SUS	AST NAUMAN	20 DATE OF DEATH	MONTH DA	1 87 2 a	M
3. SEX	Female		1 RACE Wh	ite	5. DATE (6 AGE (IN YEARS LAST BI	YRS MO		IN,
C	Maryland		U.S.	-	MARRIE	DIVORCED [9 BALTIMORE CITY	Nel B	altimore	MD
	TOWSO	D	(IF NOT IN SUC	MEAGHITY, GIVE STREET	ADDRESS)	COSA TAL	(TYPE OF WORK FOR MOST HOMEMAK	OF VORKING LIFE)	126 KIND OF BUSINESS (OR .
13a S M		136 COUL Bal		Baltimo	'N'	152	134 STREET ADDRESS 905 OId	Oak Ro	ad 21212	
I4 FA	John		MIDOLE	Conroy	r	Mary	WIDDIE		Massey	
	AS DECEASED EVER ES NOOR UNKNOWN) NO		MED FORCES?	214-34-3		Wm. J. Nauman	Jr. 905 0			
	18 CAUSE OF DEATH PART I. DEATH W	AS CAUSE		line for (a), (b), on	dici.i	Laborass	Cure	+	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	IH_
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF									
LIFICATION		INCERTI						20b IF YES,	WERE FINDINGS USED NG CAUSES OF DEATH?	_

Parkville

Baltimore BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Inlia Dividion Randale

(YES NOOR UNKNOWN) 18 CAUSE OF DEATH (Enter only one cou PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE Conditions, if ony, which gave rise to immediate cause (a), stating the DUE 1 underlying couse PART 2 OTHER SIGNIFICANT CONDITIO CERTIFICATION 19a DATE OF OPERATION 19b. C 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2} HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STREET (AT HOME STREET FACTORY OFFICE FARM, ETC.) AT WORK NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we (diffrid a not) view the body 22c DATE SIGNED 771 SHEWATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE STATE

Parkwood

BP DHMH - 16 60M 7/84 (VRA 15, 4)

3. SEX

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Burial

24 FUNERAL DIRECTOR

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FUNERAL DIRECTOR.

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etained by the haspital

attending physicia

r use as the burial-transit perm Health and Mental Hygiene pr

37-22-87

Mitchell-Wiedefeld Home 6500 York Road 21212

DEPARTMENT	OF HEALT	H AND	MENTAL	HYGIENE
CE	DTIELCA	TE OF	DEATH	

1	DEPARTM	IENT OF HEALTH AND MENTAL HYG	IENE		
- STATE RTREGISTRAR MARGARET	F. Neault	CERTIFICATE OF DEATH	B FEG. NO.	90	8 6
DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
MARGE	FRET F	NEAULI	7/26/87 7 &	687	0858 M
3. SEX	4 RACE	5. DATE OF BIRTH 9/2/22	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
FEMALE	WhITE	09-02 22	64 YRS	MONTHS DAYS	HOURS MIN.
COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH	
MARYLAND	U.S.A.	WIDOWED DIVORCED	BALTIMORE COU	NTY	MD
O. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING		F BUSINESS OR
RANDALLSTOWN	BALTIMORE COUNTY	Y GENERAL	HOUSEWIFE	OWN 1	HOME
USUAL RESIDENCE (IF NURSING HOME OR 130. STATE 13b. COUN			13e STREET ADDRESS / ZIP CO	DE	

(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	216-12-9191	EUGENE F. NEAULT	1204 WESTERL	EE PL. APT 2-
18 CAUSE OF DEAT PART I. DEATH V	TH (Enter only one couse per VAS CAUSED BY: IMMEDIATE CAUSE (a)	CARDIOG	ENIC SHOW	ck	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony	DUE TO, O v, which (b)	RASA CONSEQUENCE OF	MYOCARDIAL	INFARCT	ON.

YES [

NO 🖫

SADIE

15 MOTHER'S MAIDEN NAME

Conditions, if ony, which	((b) 11CUEE	MITUCHKDIAL	IN FMRCIXIIV
gove rise to immediate couse (a), stating the	BUILTO OD 15 4 CONTENTENTES OF		
underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF	•	
	(c)		

CATONSVILLE

STEWART

LAST

ICANT CONDITIONS CONTRIBUTING TO DEATH BUT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

20b. IF YES, WERE FINDINGS USED 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? NOF YES [

210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

P.M. LIF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY AT HOME STREET FACTORY OFFICE, FARM ETC)

220.1 certify that (1) (this haspital) attended the deceased from

sow the deceosed alive on above, [1] (we) (did) (did not) view the body often death. and that in (my) (our) opinion death occurred on the date and haur and from the causes stated DEGREE

22e. ADDRESS

23a. BURIAL, 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION

CITY OR TOWN 28,1987 CRESTLAWN CEMETERY MARRIOTTSVILLE HOWARD BURIAL

24 FULERDY M.& RUSSELL C. WITZKE RUNERAL HOME 1630 EDMONDSON AVE. CATONSVILLE, MD 21228

BALTIMORE

MIDDLE

160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO.

VIVIAN

ATTENDING

MEDICAL

GISTRAR 256. REGISTRAR'S SIGNATURE

STAFF

1204 WESTERLEE

MIDDLE

ADDRESS

CARR

NO F

STATE

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this should be detoched for use as the buwith the State Dept. of Health and M

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IMPORTANT: If Item 21

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CERTIFICATION

MEDICAL

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MARYLAND 14 FATHER'S NAME

FIRST

JOHN

DIVISION OF VITAL RECORDS,

BP

A

MICHIGA	E141	O.	HEA	P141	MINU	IMPLIATIVE	
	CE	RT	FIC	ATE	OF	DEATH	

FOR STATE REGISTRAR			DEPART		REALTH AND MENTAL HYD	GIENE 8	REG. NO.	- 1	9	0	8	1
DECEASED NAME			WIDDLE		LAST	20 DATE O	F DEATH M	HINO	DAY Y	re AR	26 HO	UR ~
(TITE ON PRINT)	Mary	/ M	adeline	N	EHUS	15.3	Ju	1v :	28 19	987	4:1	OP M
1. SEX		4. RACE		5. DATE O		6 AGE (IN	YEARS LAST BIRTHE	DAY)	IF UNDER		IF UNDE	R 24 HRS
FEMAI	E	WHITE	3	APRI	L 18 [^] 1910 ^{f^}	77		YRS.	MOINING	DATS	HOURS	MIN.
a. BIRTHPLACE (S	TATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMO	ORE CITY OR	COUNTY	OF DEA	TH		
MD.		U.S.A	۷.	WIDOWE		Balt	imore,	Cour	ntv			MD.
BALTIM		(IF NOT IN SUI	HOSPITAL, NURSIN CH FACILITY, GIVE STREET LIN SOUAF	ADDRESS)	OR OTHER INSTITUTION	12a USUAL	OCCUPATION RK FOR MOST OF V MAKER	N	12b. K		BUSIN	ESS OR
	(IF NURSING HOME COU	OR OTHER INSTITUTION	136. CITY OR TOW BALTIMOF	E ADMISSION)	13d. INSIDE CITY LIMITS? YES NO X		ADDRESS / Z			212	20	
14 FATHER'S NAME FIRST AL	DAM	MIDDLE	TRZEGOWSI	KI	15 MOTHER'S MAIDEN NA FIRST FRANCES	ME	WIDDIE		ZYBL	EWŜ	KI	
160 WAS DECEASED		RMED FORCES?	166 SOCIAL SECU		17 INFORMANT		ADDRES	113	8 SE	NEC	A RI).
NO			218-10-97	735	MARY ANN F	ROLLYSO	IN (DGH	ITR)		220	MATE INTE	
gave rise cause (a), underlying	Cardio-pulmonary Arrest Cardio-pulmonary Arrest								EN IN PA	ARI Ira		
History ACCIDENT 210. ACCIDENT	OPERATION	19b. COND	DITION FOR WHICH	OPERATIO	WAS PERFORMED	200 AUT	OPSY?	20b. IF YES IN CERTIF	S, WERE I	FINDIN	GS USE OF DE A	TH?
OR CONTRIBUTION	WAS UNDERLYING [NG	EATH HOUR A	OF INJURY .M. MONTH D. .M. OF INJURY REET, FACTORY, OFFICE, F	19	211 LOCATION STREET	YES TERM	ATURE OF INJURY	IN ITEM 18 P	PART LORP		NO [STATE
220.1 certify saw that observe	that (I) (this hasp decreased alive a	oital) attended th	he deceased fram_	87 0	nd that in (my) (aur) apinian	death accurr	17 28, ed an the date	and hav	19 <mark>-87</mark> ir and fra		1 -	(we) last tated
27% SAGNATE	IN'S NAME (IVE	plan	~		ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIA		220.	PATES	28	48
Dr.	J. Kapla		51 11		9000 Frankl	lin Sau	uare Dr	ive	Balt	0.	2123	37
230. BURIAL, CREMA ISPECIFY BURIAL		236. DATE 7/31/			EMETERY OR CREMATORY	23d LOC			COUNTY		Md.	STATE

DHMH - 16-50M 7/84 (VRA 15, 4)

24 FUNERAL HOME, INC. 3331 Brehems Lane, Balto. Md. 21213 JUL 3 1 1987

1111 2	FOR STATE REGISTRAR		F HEALTH AND MENTAL HYC TIFICATE OF DEATH	BIENE B REG. NO	. 19088
JUL Z	TYPE OR PRINT	WIDDLE	LAST		MONTH DAY YEAR . 26 HOUR
	LILLI	AN M.	NEMECK		7-20-87 3:00
3. 1	SEX		E OF BIRTH	6 AGE (IN YEARS LAST BIR	
	FEMALE	WHITE N	50. 7, 1898	88	YRS DAYS HOURS MIN
	BIRTHPLACE (STATE OR FOREIGN	THE CITIZEN OF WHAT COUNTRY? 8	RIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
241	Baltimore, Md.		WED X DIVORCED	RAIT	IMORE COUNTY M
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOM		120 USUAL OCCUPATI	ON 12b. KIND OF BUSINESS O
-	Baltimore SUAL RESIDENCE (IF NURSING HOME OR	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) RIVERVIEW NURSIN OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSA	G CENTRE, INC	Housewi	fe - Hodustry maker
3	36. STATE Md. 136 COUN	Pal timore	YES NO [Fayette St.2122
38	Louis	MIDDLE EY	Is MOTHER'S MAIDENNA	e widdle	? ^{AS1}
160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SECURITY NO. 16c WAR OR DATES) 219-18-479	2527 Fost		am R. Grupp ;Balto.,Md.2122
益	18 CAUSE OF DEATH (Enter on	nly one couse per line for 101, (b), and 10.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		TE CAUSE (0) Anterios claus	ic Corney Vy	was Alvas	•
22		CONDITIONS CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART 1:0
- CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERA	TION WAS PERFORMED	700 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTION TO CAUSE OF DE	HOUR A.M. MONTH DAY YE	AR 9		
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC	211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
	220 I certify that (I) (this hospi	ital) attended the deceased from		, to	
	sow the deceased alive an	at) view the body ofter death.	, and that in (my) (our) opinion	death occurred on the de	ote and hour and from the causes stated
	775 SIGNATURE	(unauma)	DEGREE ATTENDING PHYSICIAN [MEDICAL STAI	
	THE PHYSICIAN'S NAME THE		606 Hair	18100s Car	ue
23	30. BURIAL, CREMATION REMOVAL	23b. DATE 23c NAME C	F CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
	Buriat	7/23/87 Oak	Lawn Cemeter	y Baltimo	re, Maryland STATE
24	FUNERAL DIRECTOR John	A. Moran, Inc.	Funana? Hiberar	E REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO HOSPITAL OK ATTENDING PHYSICIAN: The low retained by the baspital or attending physician.

Now with + Designation

Mariet Control of the Control of the

ASSESSMENT STREET, AND ASSESSMENT OF THE PARTY OF THE PAR

STATE OF MARYLAND

31	TATE REGISTRAR		DEPARTA		HEALTH AND MENTAL HYG FICATE OF DEATH	8 /REG.	NO.	9 0	8 ;
	OR PRINT		MIDDLE		LAST	20 DATE OF DEATH		DAY YEAR	26 HOUR
1		Gladys Com	elia Nichol	s /		7/20/87		-	4 39 PM
3. SEX		4. RACE		5. DATE	OF BIRTH	6 AGE (IN YEARS LAST I		IF UNDER I YEAR	
	Female	Cau	casian	10/	/23/98 YEAR	88	YRS.	MONTHS DAYS	HOURS MIN
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?		D NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
	Maryland	U.S.A	٨.	WIDOW		Baltim	ore C	ounty	N
10. CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPA			OF BUSINESS O
F	andallstown		Co. General			Nirse	OF WORKING LIF	E) INDUSTRY	
USUA 13a S	AL RESIDENCE (IF NURSING HOME) TATE 136 CC Marvland B	OR OTHER INSTITUTION		ADMISSION)		13e.STREET ADDRESS 3507 Fox CL			133
1	THER'S NAME J. Roland Stewart	MIDDLE	LAST		IS MOTHER'S MAIDEN NA.	ME	III Av.	LAS	51
	VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT Mr. W	allace Nich	SESS.		
	No No ok unknown (if its.	GIVE WAR OR DAIES	221-07-5	953	3511 Staneybroo	ok Road	Randall	stown Ma	ryland 2
TION	Me	(b)_ DUE TO, O (c)_ PIT CONDITIONS CO A OS FINE	c Pan	DEATH BUT	NOT RELATED TO THE TERM	oma			- 1
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDIFYING CAUSES	
WEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETHER NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF T	DEATH HOUR A. (NER) P.	M. MONTH DA	AY YEAR	211 LOCATION STREET		JURY IN ITEM TO P.		STATE
2	AT WORK AT WORK	(ATTIONE, ST	RELI, FACTORI, OFFICE, FI	ARM, CIC.)					
	220.1 certify that (1) (this ho saw the deceosed alive abave, (1) (we) (did) (did 22b. SIGNATURE	on	19	, o	nd that in (my) (our) apinion of	death occurred on the		r and from the	
	EDme 1 220 PHYSICIAN'S NAME (TY)	PE OR PRINT)	1 Par	ruh	ATTENDING PHYSICIAN [MEDICAL ST DIRECTOR PHYS	AFF ICIAN	22c. DATE	SIGNED
	EDMUNI	D P.	1 KACZ	mel					
(URIAL, CREMATION, REMOV SPECIFY) Burial	AL 236 DATE 7/23	23c. N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN Timonium	Ва	ltimore	e ^{51A1E} MD

DHMH - 16 60M 7/84

(VRA 15, 4)

TO FUNERAL DIRECTOR: After should be detoched for use as the with the State Dept. of Health or IMPORTANT: If them 21 is market

Dulaney Valley Cam.

Timmium

Baltimore

MD.

74 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc.
8728 Liberty Road Randallstown Maryland 21133 Loring Byers Funeral Directors, Inc

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DEPARTMENT	OF	HEA	LTH	AND	MENTAL	HYGIENE
CE	RTI	FIC	ATE	OF	DEATH	

1.	FOR STATE STATE	C		EALTH AND MENTAL HYG	IENE 8 pég. n	10.	2 0	9 0
	ORPRINTI RAYMO	ond F.	Noon,	Sr.	July 23,	1987	YEAR 2	7 A
3 SE)	Male	4.RACE White	5. DATE O	of BIRTH	6. AGE (IN YEARS LAST BE	YRS		FUNDER 24 HRS HOURS MIN.
Ba	THUMORE, Md.	U. S. A.	MARRIE	D NEVER MARRIED DIVORCED	Baltimore city	re Cour		MD.
at	onsville, Md.		iemy Roa	d	TYPE OF WORK FOR MOST	OKET-	2h. KIND OF B NDUSTRY Inves	
USU/ 130 S	AL RESIDENCE (IF NURSING HOME OF	TOTHER INSTITUTION, GIVES DE NITY (130 PM)	ersuru	PI3d. INSIDE CITY LIMITS?	130 STREET ADDRESS 435 ACC	ZIP CODE RO	oad-2:	1228
14 FA	Michael	MIDDLE	Voon	IS. MOTHER'S MAIDEN NAME FIRST Elizabet	h	Cunr	ningh	am
	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOC VE WAR OR DATES! 215-	ALSECURITY NO05-0352	17. INFORMANT Son: 5785 Augus				
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	nly ane cause per line far to ED BY: TE CAUSE (a)	ardiac	arrest			APPROXIMA BETWEEN ONS	E INTERVAL ET AND DEATH
	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	bue TO, OR AS A CO	DISEQUENCE OF		list enfa		mini	ile
NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ing to DEATH BUT	NOT RELATED TO THE TERM	a with U	ntapeu	after	
CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, WE IN CERTIFY INC YES	G CAUSES OF	
CAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DELETE EITHER, NOTIFY MEDICAL EXAMINE	ATH HOUR A.M. MOI	NTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PART I	OR PART 2]	
MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJUR		211. LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
	220.1 certify that (I) (this hasp saw the deceased alive an above, (I) (we) (did) (did no			nd that in (my) (aur) apınian	, tadeath accurred on the c	date and have and		at (I) (we) last uses stated
	22b. SIGNATURE Avula	- Bershe			MEDICAL STA	CIAN	22c. DATE SK	8 >
	Damian E.Bi	rchess, M.D		5411 Old.	onsville. Frederick			10
	BURIAL, CREMATION, REMOVAL		New Ca	emetery or crematory thedral Cem	etery -Bo	alto.	Marul	state
7.	ineral directors terl 36 Edmondson	ing Funera Ave. Cato	1 Estate	D A 250. DAT	E REC'D BY REGISTRAL 28 1987		1. 1	-Aug

DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL	EXAMINER'S	CEDTIEICATE	OF DEATH!
MEDICAL	EV WIMILIER 2	CERTIFICATE	UT UEATD

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		EASED NAM	۸E	FIRST		1	MIDDLE			LAST			20 DATE KNO		NTH DA	Y YEAR	26 HOU
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- 5	SEX	3.	TE RICH		MATE OF T	BIRTH	YEAR	6 AGE (IN YE.		DER I YR.	IF UNDER		2c. DATE	MON	ITH DA	Y THAR	2d HVQU
		pale	Whi		09	29	01	85 YF	14101111	DAYS	HOURS	MIN	DEAD)	27	1987	1250
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4		ryland				S.A.			WIDOW		DIVORC			Baltim			M
1	}	Y OR TOWN		H _/				RSING HOME (REET ADDRESS)					FAL OCCUPATE MOST OF WORKING			KIND OF BU OR INDUST	
4	A.	Pikesv			508 S			Road BEFORE ADMISSI		21208		Hot	usewife				
1	3a. ST	ATE	13	B COUNT	Υ		13c. CITY	OR TOWN			CITY LIMITS?		EET ADDRESS				
4		arylan		Baltim	nore		Pik	esvill	e	YES .	NO X		Sudbro	ok Roa	ıd 2	1208	
t) FA	THER'S NAW	79.3		MIDDLE		_	LAST			FIRST		MIDDLE			LAST	
4	16a W	AS DECEAS	rles	JIIS ADAA		uer	16h SOC	IAL SECURIT	Y NO	17 INFOR		hanna		Harn			111/
ŀ	(YE	S, NO, OR UNKN		IF YES, GIVE W				24-846					rl C. M				21146
ŀ		No CAUSE	OF DEATH	/E=A====1		1: 1)4	3//	welle	rburi	n Avenu	e Seve		APPROXIMAT	
ı		PARTID	EATH WAS	SCAUSED			1 (0), (0)	, ond (c).)								TWEEN ONSE	
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	7		rise to in a) stating th		DUE T	O. OR AS	S A CON	SEQUENCE (OF.								
	П	lying co	use last.		(4)												
1		PART 2 OTHER	SIGNIFICANT C	DNDITIONS CO	DNIRIBUTING TO	OEATH BU	T NDT RELA	TED TO THE TERM	INAL DISEAS	OR CONDITIE	ON GIVEN IN PAI	RT 1 ia					
	TION																
7	CAT	19a DATE O	FOPERATI	ION	19b. C	ONDITIO	ON FOR V	WHICH OPER	ATION W	AS PERFO	RMED?				20.	AUTOPSY	?
1	E				4 6											YES 🗌	NOV
ł	8	210 EXTERN				IME OF I		DAY YEAR	21c HC	OW INJUR	YOCCURRE	D (ENTERN	NATURE OF INJURY I	NITEM 18 PART 1 C	OR PART 2)		
4	CA	UNDERLYIN CONTRIBUT				P.M.		19									
۱	MED	21d. INJURY WHILE	OCCURRE	D HILE -			RY, FARM, ET	(AT HOME,		CATION			CITY OR TOWN		COUNTY		STATE
ı		WHILE AT WORK	AT WO	RK													-
I		22a I cer	tify that I to	ook charge	of the rema	ins descri	ibed obo	ve, held on	Autop	sy .	Inspection	· []	Inquiry	, and in m	ny opinion		
		death resu	Ited from:	Naturo	l couses	J. A	ccident	L, Su	icide 🔲	, Hom	icide	Undete	ermined manne	, [],			
1	Z	ACTUAL	gr 1	24	1/20	1				TITLE (SPECIFY)				ATC -	11.4	
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								MD.			Al	16 0	1 4007	1 .	- 2	P	1.00
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STATE OF MARYLAND									
DEPARTMENT	OF HEALTH	AND MENTAL	HYGIEN						
	DELETA A SE	OF BEATH							

27	B GISTRAR			DEI ARTI	CERTI	FICATE OF I	DEATH	S	REG. 1	10.	9	U	9 %
	EASED NAME	FIRST		MIDDLE		LAST		20. DATE	OF DEATH	MONTH	DAY	YEAR	2b. HOUR
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3. SEX			4 RACE			OF BIRTH		6 AGE (I	N YEARS LAST B	RTHDAY)	1F UNI	DERIYEAR	IF UNDER 24 HRS
	Female	e	Wh	ite	Jan		OO	87		YRS	MUNIH	S DAYS	HOURS MIN.
	THPLACE (STATE	E OR FOREIGN	7b. CITIZEN OF	WHAT COUNTRY?	8.	_	_		ORE CITY			EATH	
		land	US	SA	WIDOW	ED NEVER	WARRIED W	Ba1	timor	e Coi	ıntı.		***
10. CIT	Y OR TOWN OF	DEATH		HOSPITAL, NURSIN	IG HOME	biomar.		12e USUA	L OCCUPA	TION	12	b KIND C	OF BUSINESS OR
Ca	tonsvill	le		the ACILITY, GIVE STREET Lan Nursi.		me			ork for most nemake		G LIFE) IN	IDUSTRY	
USUAL	RESIDENCE (IF	NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	TIRC		1101	nemake	I ·			
13a ST	aryland	Bal+	imore	Arbutus		YES T			ADDRESS			1	7 0100
	HER'S NAME	Daic	THOTE	ALDUCUS			NO 🔯		West	Iana	Bou.	Levar	d 2122
	FIRST		MIDDLE	LAST		IJ. MOTHER	FIRST	SALE	MIDDLE			LAS	T
	Julius	5		Hainke		N	folly						nman
	AS DECEASED E			166 SOCIAL SECU 218-18-	RITY NO.	17. INFORMA	INT		ADDR	ESS			
No		(IF YES, GI	E WAR OR DATES)	214-74-0	343	Charle	s Nues:	sle '	3138 E	rook	abom		
	Canditions, if gave rise to cause (a), st underlying co	immediate toting the	DUE TO, O (c) (DUE TO, O	R AS AS DUBE SO E	ACC.	SCHOTOGATE	ecos ecos No the TERM	W.	Reasen			LBAR V	100
CERTIFICATION	E OF OPE	ERATION	196 COND	ITION FOR WHICH	OPERATIO	ON WAS PERFO	RMED	200 AU	TOPSY?	20b. 1F	YES, WER	RE FINDIN	IGS USED
Ĭ								YES 🗔	NOTA	CER	TIFYING	CAUSES	OF DEATH?
MEDICAL CER	OR CONTRIBUTING	CAUSE OF DE		M. MONTH DA	AY YEAR	21c HOW IN	JURY OCCURE	RED (ENTER	NATURE OF INJ	JRY IN ITEM I	-	R PART 2}	
Q 7	INJURY OCC	URRED	21e. PLACE			211. LOCATIO	NC						
Z	WHILE NO	WORK	(AT HOME, STE	REET, FACTORY, OFFICE, F.	ARM ETC)	STREET	1		CITY OR TO)WN	C	OUNTY	STATE
	20 I certify that	t (I) (this hospi	100	deceased from_	Poly	nd that in (my)	, 19	, to	11-	20	19_0	FIG	that (I) (we) last
	abave, (I) (w	e) (did) (did no	liew the ball	Sitter deeth.	a	DEGREE	TTENDING L			-		DATE	
1	Zu, PHI SICIAN S	INAME (TYPE C	K PRINT)			22e ADDRES	5						

Dr. Marin

3455 Wilkens Avenue, Room 305A

230. BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIFY) Entombment 7/23/87 Loudon Park Mausoleum

23d LOCATION
CITY OF TOWN
Baltimore

Maryland

24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4

(VRA 15, 4)

Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Julia Davidson Randallo

COUNTY

JUL 24 987 July Tolerate Lake

A Signature of the second process of the second sec

TURCUST SAP

061423 JUL 30 8 TATE REGISTRAR page 3 er death moy be DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND TIZES deoth certificate be executed within 24 the attending physicion and care remove corbangopers. Pages hot the TO FUNERAL DIRECTOR. After this certificate he should be detached for use as the buriol-transit p with the State Dept. of Health and Mental Hygien. MAPORTANT: If hem 21 is marked. TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or offending physician

ry, or other troumotic event, the cremotion, ar removal.

STATE OF MADVIAND

DEPARTMENT OF HEALTH AND MENTAL HY	GIENE 8 REG. NO.	1	9
V a C Y	TA DATE OF DEATH HOW	744 DA	V VEA

30) 8	REGISTRAR				CERTIF	ICATE OF	DEATH	8	REG. NO	. 1	9	U	9	3
		CEASED NAME	FIRST		MIDDLE	ı	AST		20 DATE C	F DEATH	HTMOM	DAY YEA	R 26	HOUR	1
E			HANNA	H BEA	TRICE	0'	CONNO	OR			7-27				М
3.	. SEX	(RACE		S. DATE C		YEAR	6 AGE (IN	YEARS LAST BIRTI		WONTHS DA		UNDER 2	MIN.
L		FEMALE	7.72	WHI	ΓE	1 1	-29-		1	77	YRS				
1	. BIF	RTHPLACE (STATE OF	R FOREIGN	b. CITIZEN OF	WHAT COUNTR	Y? 8		RMARRIED -	9 BALTIM	ORE CITY OF	COUNTY	OF DEATH	Н		
V		Maryland		USA		WIDOWE		DIVORCED [Balto	. cou	NTY				MD
10	0 CI	TY OR TOWN OF DE		(IF NOT IN SUC	HOSPITAL, NUR H FACILITY, GIVE STE FRUTFW	REET ADDRESS)			120 USUAL	OCCUPATION NOST OF	NC			USINES	SOR
1	30 S Ma	AL RESIDENCE (# NUI STATE Lryland	13b COUN Balti	TY	134 CITY OR TO		YES 🗌	CITY LIMITS?	61 A	ADDRESS / Fenwa			212	221	
		Oscar P.	Colem		LAST			Mary E1	len Ca				LAST	ì	
16		VAS DECEASED EVE (ES. NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	166 SOCIAL SE		Paul	Coleman		Lawno sburg		210	048	TE INTERV	
	7	Conditions, if an gove rise to in couse (a), stat underlying cous	nmediate ing the se last.	DUE TO, O (b) DUE TO, O (c)	R AS A CONSECUTIVE TO THE PROPERTY OF THE PROP	OUENCE OF	Perotes NOT RELAT	Cordu		les d			10 g	118	
1	CERTIFICATION	190 DATE OF OPERATION 196 CONDI			ITION FOR WHI	ICH OPERATIO	RATION WAS PERFORMED 200 AUTOPSY? 206. IF					IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?			?
	MEDICAL CER	210. ACCIDENT WAS UP OR CONTRIBUTING	CAUSE OF DEAT	P.	M. MONTH M.	DAY YEAR		INJURY OCCUP	RED (ENTER	NATURE OF INJUR	Y IN ITEM 18 P	PART I OR PART	[2]		
	MED	21d INJURY OCCUI	VHILE [21e. PLACE (AT HOME STI	OF INJURY REET FACTORY OFFI	CE FARM ETC 1	211 LOCA			CITY OR TOV	VN	COUNTY		STA	TE
			sed alive an	al) attended the	19	\$7.01		y) (our) opinian	, to death occur	red an the da	te and hou		the cau		
		22h. SIGNATURE	Kan	ress	p.	10	DEGREE	ATTENDING PHYSICIAN	MEDICA DIRECTO	PHYSIC	F IAN 🗌	77c D	7-2	2 f . f	7
		22d. PHYSICIAN'S N	S C	AINES	is, mit	>.	110 S	OLD L	EASTE	en A	VE	212	121	,	
2	30 B	BURIAL, CREMATION SPECIFY) Burial	I, REMOVAL	July 31			Ridge	R CREMATORY	Pike	ATION Y OR TOWN SVILLE	e, Ba	county	Co	STA Md	
2	4. FU	JNERAL DIRECTOR			40000	s 6500 1		25a DA	TE REC'D. BY	REGISTRAR	256 REGIST	RAR'S SIGI	NATURE	E	
M	it	chell-Wie	defeld	Home	The Ba	alto	Md 21	12	UL 31	1901		- A 30	m. P	andal	1

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

the attending physician and controllers. Pages

IMPORTANT: If Hem 21 is marked at Item 18 shaws any infury, at other traumatic event, the medical

STATE OF MARYLAND

	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE & REG. NO	19094
	INTECEASED NAME FIRST	middle M.	OKEN	20 DATE OF DEATH	7-17-87 1345m
	3 SEX MALE	WHITE	5. Date of Birth AUG. 15°, 1950 ^{EAR}		MONTHS DAYS HOURS MIN.
)	70 BIRTHPLACE (STATE ORFOREIGN MARY L'AND	7b. CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED	DALETTAGA	COUNTY
011	RANDALLSTOWN	BALTIMORE COUN		PHARMACY OST	
	MARYLAND 13b BAL	ROTHER INSTITUTION GIVE RESIDENCE BEFORE	TLLS 134 INSIDE CITY LIMI	17 ENCHAN	ZIP CODE APT. 202 FED HILLS RD. 2///7
)	JACK	OKEN OKEN		ANNE MIDDLE	MAKOVÉ'R
	160 WAS DECEASED EVER IN U.S. AR NO OR UNKNOWN (IF YES, GIT	RMED FORCES? 16b SOCIAL SECU VE WAR OR DATES! 219-58-1			ALTO.,MD 21208
		nly ane cause per line far (a), (b), an ED BY TE CAUSE (a) Small	bowel ischemia		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		DUE TO, OR AS A CONSEQUE	FICE OF	TERMINAL DISEASE OR COND	ITION GIVEN IN PART 1:0
7	190, DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO [
	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINE 214 IN JURY OCCURRED	HOUR A.M. MONTH D.		CCURRED (ENTER NATURE OF INJUR	TIN ITEM 18 PART) OR PART 2)
	AT WORK AT WORK	(AT HOME STREET FACTORY OFFICE.)		CITY OR TOW	COUNTY STATE
	sow the deceased plive or	77-/1/	, and that in (my) (our) op DEGREE		e and hour and from the causes stated 22c. DATE SIGNED
	224 PHYSICIAN'S NAME (TYPE	OR PRINT) GEORGE	PHYSICI 22e ADDRESS	AN DIRECTOR PHYSICI	
to the same	230 BURIAL, CREMATION REMOVAL		NAME OF CEMETERY OR CREMATE BALTIMORE HEBRE	ORY 234 LOCATION	COUNTY STATE
	24 FUNERAL DIRECTOR SOL	LEVINSON & BROS.	,INC. 25	RETSTER	STOWN BALTO MD

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR. After this certificate has been subshould be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene prior to to

6010 REISTERSTOWN RD. (VRA 15, 4)

BALTO., MD

21215

Julia Divideon Randallo

the management of the state of

view the body ofter death

attended the deceased from

ATTENDING

PHYSICIAN

22e ADDRESS

DEGREE

FOR STATE REGISTRAR	DEPARTM	NENT OF H	E OF MARYLAND BEALTH AND MENTAL HY ICATE OF DEATH	GIENE 8	/REG. NO	1 9	O	9 5
EASED NAME FIRST	WIDDLE	(.	AST	2a DATE OF	DEATH M	ONTH DAY	YEAR	26 HOUR
PETER		OLSZE	EWSKI	JULY	29, 19	87		2:55 a M
	RACE	5 DATE C		6. AGE INY	EARS LAST BIRTH	MON	NDER TYEAR	IF UNDER 24 HRS
MALE	WHITE	JULY			75	YRS		, and a
THPLACE (STATE OF FOREIGN 7	CITIZEN OF WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9. BALTIMO	RE CITY OR	COUNTY OF	DEATH	
RYLAND	U.S.A.	WIDOWE		1		BAI	TIMO	RE MD.
Y OR TOWN OF DEATH	NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET		OR OTHER INSTITUTION		CCUPATION		126 KIND C	OF BUSINESS OR
LTIMORE	1421 INGLESIDE A		Ε	COOK	TOR MOST OF	VORKING (IPE)		TAURANT
ATE 136 COUNT	THER INSTITUTION GIVE RESIDENCE BEFORE TY 13c, CITY OR TOW BALTIMO	N	13d. INSIDE CITY LIMITS? YES NO X	13e STREET A		ZIP CODE	21	1207
	OLSZEWS!	ζI	ANTOINETT		WIDDLE		EPOWI	NG
AS DECEASED EVER IN U.S. ARM S. NO OR UNKNOWN] (IF YES GIVE NO	NED FORCES? 166 SOCIAL SECU WAR OR DATES) 212-18-39		LORRAINE OL	SZEWSKI		BALTIM		MD.21207 AVE.
Conditions, if ony, which gave rise to immediate couse (a), stoting the underlying cause lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	NCE OF	oma of smelen	mon p	imar	7	2	RIMATE PUTERVAL ONSET AND DEATH MEAN HS
PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO (
% DATE OF OPERATION	195 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES [206 IF YES, W IN CERTIFYIN YES [IG CAUSE:	INGS USED S OF DEATH? NO [
21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IFEITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	AY YEAR	21c HOW INJURY OCCUP	RRED (ENTER NA	TURE OF INJURY	IN ITEM 18 PART	I OR PART 2)	
21d INJURY OCCURRED	21e PLACE OF INJURY	ARM ETC)	211 LOCATION STREET		CITY OF TOW		COUNTY	STATE

death abod npopers. Poges oud corbon ò pleas 0 prior certificate has burial-fransif per Mental Hygiene FUNERAL DIRECTOR. should be detached with the State Dept. 0

87 STATE

DECEASED NAME

BALTIMORE

MARYLAND

14 FATHER'S NAME

To. BIRTHPLACE (STATE OF FOREIGN

D. CITY OR TOWN OF DEATH

LYES NO OR UNKNOWNI

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

AT WORK NOT WHILE 22a I certify that (II (No. hours)

sow the deceased

23e BURIAL, CREMATION, REMOVAL

22b. SIGNATUR

(SPECIFY)

JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

(TYPE OR PRINT)

COUNTRY MARYLAND

13e STATE

3. SEX

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IFICATION

CERTI

MEDICAL

DHMH - 16 60M 7/B4 (VRA 15, 4)

BURIAL	JULY	31,1987	MEADOV	RIDGE
FULLEROYEGYPRE RUSSEI	LLC	WITZKE F	UNERAL	HOME
1630 EDMONDSON A	AVE	CATONSVI	LLE MD	21228

23b. DATE

23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN DORSEY MARYLAND CEMETERY

THE DAY

and that in (my) wall apinian death occurred on the date and have and from the causes stated

DIRECTOR PHYSICIAN

STAFF

MEDICAL

P	ARTMEN	TOF	HEAL	HT.	AND	MENTAL	HYGIENE
	C	ERT	IFIC/	ATE	OF	DEATH	

24 //		CEASED NAME FIRST OR PRINT)	ICK PAUL P	ARKER	JULY 9. 1		2b HOUI			
100	3. SEX		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST		UNDER LYEAR IF UNDER			
open and	1	MALE	BLACK	JUNE 20,	YEAR 1935 52	YRS.	ATS HOURS			
funerol din	Î	RTHPLACE (STATE OR FOREIGN OUNTRY) MARYLAND TY OR TOWN OF DEATH	7b CITIZEN OF WHAT COUNTRY U.S.A. 11. NAME OF HOSPITAL, NURSI	MARRIED NEVER MA	PRCED KS BALTIMORE	9 BALTIMORE CITY OR COUNTY OF DEATH				
by the filed wi	1	FORT HOWARD	(IF NOT IN SUCH FACILITY, GIVE STREE VA MEDICAL CENT R OTHER INSTITUTION GIVE RESIDENCE BFFO	TADDRESS)	(TYPE OF WORK FOR MOS					
should be	13a. S	MARYLAND 136 COU		RE YES XX 1	10 □ 726 WHITM	S / ZIP CODE ORE AVENUE	21216			
1 and 2 s]	THER'S NAME FIRST LOUIS VAS DECEASED EVER IN U.S. A	PARKER PARKER RMED FORCES? 166, SOCIAL SEC	IS MOTHER'S A	MIDDLE MIDDLE	JOHNS				
orbon papers. Poges or removal.		YES KOREAN CONFILICT 216 30 7407 CLINICAL RECORDS, VAMC, FOR 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: PULMONARY EDEMA DUE TO, OR AS A CONSEQUENCE OF ARTERIOSCLEROTIC								
r remove c remotion, her traums		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.		ISEASE with CC	NGESTIVE HEART		YFARS			
		PART 2 OTHER SIGNIFICANT		MTA DEDTDUE		EASE BOTH L	EG AMPU			
Die Paris	NOI		NIA with SEPTICE	TITA, PERIFIED	RAL VASCULAR DIS					
permit project to the control of the	IFICATION			OPERATION WAS PERFOR	AED 200 AUTOPSY?	206. IF YES, WERE FIN	NDINGS USED ISES OF DEATH			
certificate los de la circulation individual de la circulation del	CAL CERTIFICATION	BRONCHOPNEUMO	19b. CONDITION FOR WHICH	H OPERATION WAS PERFOR/ DAY YEAR 19	YES NO NOTOPSY? YES NO NO NOTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAU YES	NDINGS USED USES OF DEATH NO			
the buriol-tr ond Mentol	MEDICAL CERTIFICATION	BRONCHOPNEUM 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE (IFEITHER, NOTIFY MEDICAL EXAMINI 210. INJURY OCCURRED WHILE NOTIFY WHILE AT WORK NOTIFY W	21b. TIME OF INJURY HOUR A.M. MONTH E P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	HOPERATION WAS PERFORA AY YEAR 19 211 LOCATION STREET	AED 200 AUTOPSY? YES NO [X] URY OCCURRED {ENIFE NATURE OF IT	20b. IF YES, WERE FIN CERTIFYING CAU YES JURY IN ITEM 18 PART I OR PART TOWN COUNTY	NDINGS USED ISES OF DEATH NO []			
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DHMH - 16 60M 7/84 (VRA 15, 4)

BURIAL 24 FUNERAL DIRECTOR

L. RURS 7222 W. NORTH AUE

7-15-87 GARRISON FOREST UN BALTIMURE CO MA

1	FOR 1 -87 ATE		DEPARTMENT OF HEALTH AND MENTAL HYGIENE												
1 DECEASED NAME		ME FIRST	MEDICAL EXAMINER'S CERTIFICATE OF DEATH					-	HTHOM	DAY	YEAR	2h HOU			
	(TYPE OR PRINT)	Willi		77		Doses			OF ESTI-			7/	20/	10 07	
	3. SEX 4 RACE					UNDER 1 YR.	Pall			rc	X	HINON	28/	19 87 YEAR	74 HOL
	male	white	June 21	YEAR LA		NTHS DAYS	HOURS	MIN	PRONOL	JNCED		7.	00/	07	8 : 05
4	70 BIRTHPLACE	STATE OR	76. CITIZEN OF WH		I e	A.F.				MORE CIT	YORG	OUNT		19 8.7 EATH	F
7	FOREIGN COUNTRY	1	U.S.A.			rried 📉 ne Owed 🗆	VER MAR DIVOR		Ralt	imore	2 00	nint	-5.7		
1	O CITY OR TOWN OF DEATH		II NAME OF HOSE	11 NAME OF HOSPITAL NURSING HOME. OR OTHER INSTITUTION 11/0 USUAL OCCUPATION (TYPE OF WORK							126 KIND OF BUSINESS				
1	Timo	nium	2100 Blk							orking life)	200		OR INDUSTRY		
7	JSUAL RESIDENC	E (IF IN NURSING HOME	OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE	E ADMISSION)						:IL		03	100	000
7	Pennsylv	ania Y	ork	New Fre	_	YES T	TY LIMITS?		PREET ADD	#1, E	Зох	50)5/	17	349
1	FATHER'S NAM	ΛE	MIDDLE	LAST		15 MOTH	ER'S MAI	DEN NAM	E	MIDDLE				AST	
J	Alber	t		Parr		N	liria	am				1	Nort		
2		WAS DECEASED EVER IN U.S. ARA (YES, NO, OR UNKNOWN) (IF YES, GIVE		166. SOCIAL S	ECURITY NO.	17. INFOR	MANT			ADDRE	ESS			7349	
1	yes	unk.	•	216 48 4798 Donna Parr, Box 505,RD 1, Ne							New	w Freedom, PA			
	Conditi gove couse (i lying co	Conditions, if ony, which gove rise to immediate couse (a) stating the <u>under-lying couse lost.</u> (b)			Gunshot Wound of Chest (handgun) OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE OF ATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0)										
			CONTRIBUTING TO OCATIO	OI NOI KELAIEU IU	THE TERMINAL DIST	EASE OR COMDITIO	IN GIVEN IN	PARI 1 (a)							
	TIFIC	DF OPERATION	19b. CONDIT	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?					5	BODY ONLY YES X NO					
1	S UNDERLYIN CONTRIBUT	TING CAUSE OF	DEATH ? P.M.	MONTH DAY	/1987	self i					18 PART	1 OR PAR	1 2}		
	AT WORK	AT WORK	STREET, FACTO	PRY, FARM, ETC.) Cking lo	ot 21	STREET 00 Blk	. You	rk Rd	CITY OR T		ım,	Bal	to.	Co.	, Md.
7	220. I cer depth resu ACTUAL SIGNATURI		ge of the remains who	BODY, h		Home	Inspect	Unde	Inquir	nonner _],	DATE SIGNE		7/2	30/8
	EXAMINER"	S NAME DOT	nic F Cms	+h(/M)	0			111	Donn	C+					

(VR A15 ME (5))

230 BURIAL CREMATION, REMOVAL 236 DATE

Burial Aug 1 Aug 1,1987 231. NAME OF CEMETERY OR CREMATORY New Freedom Cemetery New Freedom

York

PA

J.J. Hartenstein Mort. 24 Second St, NewFreedom

250. DATE RECID. BY REGISTRAR 256/REGISTRAR'S SIGNATURE

				6b Film	#G63	O - ST	ATE OF A	MARYLAND				
613	315 JUL	bh.	FOR 8-6-8	7 I.J.	27.00	DEMARTMENT OF	HEALTH	AND MENTAL	HYGIENE			
010	I J POL			-		MEDICAL EXAMI	NER'S	CERTIFICATE O	OF DEATH	REG. NO.	1 13 4) 3
	X	1. DE	CEASED NAME	FIRST		WIDDLE LILLIA	N Ros	EST PEACOCK	20. DATE KI	NOWN MON	H DAY Y	YEAR 76 HOUR
	RY, PLEASE DIRECTOR. OUR FILES. 772 HOURS ON STREET.		LIL.	LINST	1 1	1 PEHCO	LK		DEATH A	MATED &	19	M
	STATE	3. SE)	4. RAC	1 1 5		DAY YEAR PLAST BIRTH		HS DAYS HOURS	MIN. PRONOUNC	ED \1.1	A DAY	YEAR 2d HOUR
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Ğ.	" NOW THE	14. F	ATHER'S NAME					15. MOTHER'S MAID	ENNAME			
BALTIMORE, MD. 21201	30000	1	FIRST		F	KREBNER		ANNA	MIDI)(E	DUSE	K
WO	SERVICE	16a. \	VAS DECEASED EVER	IN U.S. ARME	D FORCES?	166 SOCIAL SECUR	ITY NO.	17. INFORMANT		ADDRESS432	1 COT	TINGTO
Į.	RAH RAGI		no	n/a	in Or Dates)	2161031	40_	GEORGE	J. PEAC	OCK	21236	RD
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, i	MAN ON O		lying cause last	g the <u>under-</u>	DUETO	O, OR AS A CONSEQUENCE	OF					
5,2	AND AND ATIO		PART 2 DINER SIGNIFICAL	IT CONDITIONS CO.	(c)_	DEATH BUT NOT RELATED TO THE TE	BALINAL DIFFAC	C OR COMOTTON CHIEF IN A	ANY A			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	MEDION MEDION AS A BEALTH	Z	TAKI Z DIBEK JIDHI ICAI	TO CONDITIONS CO.	ALKIBOTING ID	DEATH BUT NOT KELATED TO THE TE	CHECIU JAMIMA	E OK CONDITION BIVEN IN P.	AKI I (g)			
REG		CERTIFICATION	19a DATE OF OPER	ATION	19b CC	ONDITION FOR WHICH OP	RATION W	AS PERFORMED?			20 AUTO	OPSY?
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7 V	NG THE WOOD TO THE COSHOULD BE CARDINED BE	CER	210 EXTERNAL CAU			ME OF INJURY R A.M. MONTH DAY YE	21c. H	OW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OF		7
20	ARTA OUT THE OR TO THE OUT THE OUT TO THE OU		UNDERLYING CONTRIBUTING	OR CAUSE OF DE		P.M. 19	AK					
VISI	SERTING STATE OF THE SERTING S	MEDICAL	21d INJURY OCCUR			ACE OF INJURY (AT HOME, ET, FACTORY, FARM, ETC.)		CATION	CITY OR TOWN		COUNTY	STATE
	ARR ARE	2		VORK							COUNT	31812
	ATE, 17 ORW, ORW, NR: PA		22s. I could'y that	I pok charge o	of the regard	described abave, held an	Autap	osy , Inspection	an Inquiry	and in my	apınıan	
	MAN SERVICE SE	-	death fesulted figs	Notural	tomera	Accident .	ourcide	Hamicide .	Undetermined man	ner .		
	MIN WILL		ACTUAL 1/	h 1/4	1/1			TIPE (SPECIEY)	-4	DA	7/	27/47
	RE, A	1	SIGNATURE	101	PM	ev-	N	1.D. V 7410	MEDICAL EXAMIN	VER SIG	NED	-181
	NED STATE		EXAMINER'S NAME	WA	SLY	6 6-54R	LA	J	SIRICU	rne 1	かして	737
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, VPAGE 4 SHOWLID BE FORW. TO FUNEAL DIRECTOR: PAFTER DEATH, WITH THE STABALTIMORE, MARYLAND, 21	73a B	(TYPE OR PRINT)	PEMOVAL 236	DATE	23c. NAME OF C	EMETERY C	ADDRESS	23d LOCATION	7.00	V 17 00	71
07/84	BP	-{	BIRTAT.		\$ 7-/3	1/87 BOHENT		ΙΑΨ.	BALTO	C	OUNTY	STATE MID
25M	DHMH - 17	24. F	UNIERAL DIRECTON	5//	17		ATTA TA	250. DATE	REC'D BY REGISTRAR	256 REGISTRAR	SSIGNATURE	
	(VR A15 ME (5))		DA	1/1	A	DDRESS 211 Chase	co A	0	120 1987	7 0	adam. Re	indath

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DHMH - 16 60M 7/B4 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR									
	CEASED NAME OR PRINT)	Ali	ce B. Î	Petz		AST	REG. N 20 DATE OF DEATH July 28,	1987	Y YEAR	26 HOUR
3. SE)	× F	4.	RACE		5 DATE O	DAY TOOKEAR	6 AGE (IN YEARS LAST BH		UNDER I YEAR	HOURS A
Î	RTHPLACE (STATE OR F COUNTRY) New Jersey		USA		WIDOWE		Baltimore City of Baltimore	_	FDEATH	
I	Baltimore		525 A	Anneslie	Road	DR OTHER INSTITUTION	(TYPE OF WORK FOR MOST ON NUTSE		126. KIND O INDUSTRY Host	of BUSINESS Dital
13e. S	AL RESIDENCE (IF NURS STATE Md.	Balti	more	Baltimo	/N	13d INSIDE CITY LIMITS? YES NO K	13e STREET ADDRESS 525 Annes	ZP CODE Slie Ro	ad	21212
14. FA	ATHER'S NAME FIRST A1	bert K	arge	1AST		IS. MOTHER'S MAIDEN NA.	nna Kramer		EA!	ST
	WAS DECEASED EVER YES. NO OR UNKNOWN) NO		ED FORCES?	219 34 4		Mrs. Marguer	ite L. Mean		Annes	slie R
	Canditions, if any, gave rise to imm cause (a), statin underlying cause	nediate ig the last.	(0)	R AS A CONSEQUI	ENCE OF	NOT RELATED TO THE TERM	A SAINE	DITION GIVEN	IN PART 1:	a
ICATION	gave rise to imm cause (a), statin underlying cause	nediate g the last. NIFICANT CO	DUE TO, OR (b) DUE TO, OR (c) DUDITIONS CO	R AS A CONSEQUI	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	20b. IF YES, \	WERE FINDI	NGS USED
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STATE OF MARYLAND

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160182 JU	2	FÖR SI E REGISTRAR			CERTIF	EALTH AND MENTAL HYO	GIENE REG. NO.	9 1	0 0
. m.e		CEASED NAME FIRST OR PRINT)		MIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
may be page 3 er death		Ethel	MAE	PFE	FFERK	ORN	July 18, 1987		12:10pm
4 mo	3. SE	FEmale	4. RACE White		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
rection of the same of the sam	1				Dec	. 29, 1911	YRS.		
in 72 ho	70 B	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF	U.S.A.	MARRIE	DENEVER MARRIED DIVORCED	Baltimore County		MD.
by the fu	10 C	TY OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET ON Square	ADDRESS)	ital Center	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF Beautician.	12b. KIND (INDUSTRY	OF BUSINESS OR
P e s		AL RESIDENCE UP NURSING HOME	OR OTHER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)				
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completely I and 2 sh	JA. FA	THER'S NAME FIRST Henry Mi	.Tler	LAST		15. MOTHER'S MAIDEN NA Saraltist Hof	ME	LA	
n ond cor Poges 1		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU 212 16		17. INFORMANT Samuel L Pfe	fferkorn Jr. 3501	N. Ch	atham Rd
physicial physicial smaval.		18 CAUSE OF DEATH (Enter of PART) DEATH WAS CAUS	only one cause per ED BY: ATE CAUSE (a)	line far (a), (b), and Cardiore:	spira	tory Arrest		APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
th cer nding corbo . or re		WWED		R AS A CONSEQUE	NCE OF				
a te o		Conditions, if any, which	(b)_	End Stage	e of l	Renal Disease			
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Signal of the state of the stat	Z						winal disease or condition given ongestive Heart F		0.
has been property	CERTIFICATION	190. DATE OF OPERATION				N WAS PERFORMED	200 AUTOPSY? 206 IF YES	, WERE FINDI	
Paris Physics		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EAIR	M. MONTH DA		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)	
HYSK media media media di Meri for the	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	21e. PLACE	M. OF INJURY REET, FACTORY, OFFICE, F	19	211 LOCATION	CITY OR TOWN	COUNTY	STATE
0 t + t 0 a	2	AT WORK AT WORK		ter, racioni, ornee,		1 87	-luly 10	0.7	
N 2 K 2 H =		220.1 certify that (this hosp saw the deceased alive a	oital) attended th	e deceosed from_	07	. 19	to Outy 10	19	that it (we) last
ATT 01010 01010 01010 01010 01010		saw the deceased alive a abave, w (we) (did) (did	ot) view the body	after death.	, , ,		death occurred an the date and hou		
AL OR AL DIR Menoche Department		20. SIGNATURE	Hold	ludh	t	ATTENDING PHYSICIAN (MEDICAL STAFF DIRECTOR PHYSICIAN	Jul	y 18, 198
O HOSPIT. O FUNER. O FUNER. Thould be a		H. E	OR PRINCIPOL	· h	<u></u>		klin Square Drive	, 212	37
BP	23a 1	BURIAL, CREMATION, REMOVA [SPECIFY] Burial	July 2			hns Cemetery	ETPICOTT City	y Maryl	and STATE
DHMH - 16 60M 7/84		uneral director erry ^{ME} H Witzke F	uneral H	lome Trics I	Ellico	ott City 250 DA	TE REC'D. BY REGISTRAR 256 REGIST	RAR'S SIGNAT	

Julia Devidson Randall

DHMH - 16 60M 7/84 (VRA 15, 4)

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filled in by the funeral director, page 3 oold be filed within 72 hours after death

STATE OF MARYLAND

87	FOR - STATE REGISTRAR				CATE OF D		0 7	EG, NO.	9 1	0 1
	CEASED NAME FIRST	r1	B.	PHEA			July	24,	1987	9:30A
3. SE	ex M	4 RACE		S. DATE O	F BIRTH	YEAR 1.4	6 AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAY	AR IF UNDER 24 HRS
	SIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF			NEVER M		Baltimore of Baltimo	ITY OR COU	NTY OF DEATH	MD.
W C	BALTIMORE	11. NAME OF (IF NOT IN SU	HOSPITAL, NURSING CH FACILITY, GIVE STREET ADI	DRESS)			12g USUALOCO	MOST OF WORKIN	NG LIFE) INDUSTR	
13e.	MD ATHER'S NAME FIRST	WIDOLE	GIVE RESIDENCE BEFORE AL 13t. CITY OR TOWN BALTO.			TY LIMITS? NO MAIDEN NA	13e.STREET ADD 2000 O	RESS / ZIP C	Ave. Ar	1237
16e \	WAS DECEASED EVER IN U.S.	ARMED FORCES?	364-16-		17. INFORMAL		Square	AMPBE; ADDRESS -Path		Dept.
7	Conditions, if ony, which gove rise to immediate couse (o), staining the underlying couse lost. PART 2 OTHER SIGNIFICAN	DUE TO, C	OR AS A CONSEQUEN Sepsis	Gastr CE OF	rointes	tional				OKMATE INTERVAL N ONSET AND DEATH
CERTIFICATION	19a, DATE OF OPERATION	196 COND	DITION FOR WHICH O	PERATION	N WAS PERFOI	RWED	20e AUTOPSY	? 206. IF	FYES, WERE FIND ERTIFYING CAUSI YES	DINGS USED ES OF DEATH?
MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHEET CAUSE OF CHEET CAUSE OF CHEET CAUSE OF CHEET CAUSE OF CAUSE	DEATH HOUR A	.M. MONTH DAY .M. OF INJURY REET, FACTORY, OFFICE, FAR	19 w, etc)	211 LOCATIO STREET		RED (ENTER NATURE	OF INJURY IN ITEM	COUNTY	STATE
	220.1 certify that this he saw the deceased alive above, [M. (we) (did) (deceased alive)	ospitol) oftended the on July	2 deceosed from 8		g that in F	, 19 87 our) opinion (, toJul death occurred or	y 24 the dote and	hour and from th	-, that pk (we) lost he couses stated TE SIGNED
	J. L. Flem		2		22e ADDRESS		in Squar			24/87 37
	BURIAL, CREMATION, REMOV	AL 236 DATE	1-87 236 NA	ME OF CE	METERY OR C	REMATORY	23d LOCATIO CITY OR TO	N	COUNTY	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the burial-transit permit. I with the State Dept. of Health and Mental Mygiene prior. MAPORTANT: If them 21 is marked or them 18 shows ony

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

> Balto. State Anatomy Board

MUI 29 1987 The Davidson Randoll

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061	176 JUL 2	918	FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYLA EALTH AND A ICATE OF D	MENTAL HYG	IENE 8	REG. NO.	1 9	1 0	
			CEASED NAME	FIRST		MIDDLE		AST	1-12%	20. DATE OF	DEATH MON	ITH DAY	YEAR 2b H	OUR _{\$0}
	nay be page 3	(1100		rence	e	E.	Ph	illips		14	7	20 8	7	М
	may pag	3 SE	X		4 RACE		5. DATE C			6 AGE (INT	EARS LAST BIRTHDA	Y) IF UNDER		DER 24 HRS
Z	ge 4		Female		White		4	14	°Ô 4	83	1	YRS.	DAYS HOUR	2 WIM
	soth. Page n 72 hours		RTHPLACE (STATE OR COUNTRY) Maryland	FOREIGN	7b. CITIZEN OF U.S.A.	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER M	AARRIED		imore,	County	ATH	MD
	s ofter de		TOWSON	ATH	11. NAME OF	HOSPITAL, NURSI	NG HOME C	R OTHER INST		12a USUAL	OCCUPATION K FOR MOST OF WO	12b. 1	CIND OF BUS	INESS OR
AND 2120	n 24 haurs filled in b hauld be fi	13a. S	AL RESIDENCE (IF NUR STATE laryland	13b COU	ROTHER INSTITUTION		RE ADMISSION)	13d. INSIDE CI	NO 🔀		ADDRESS / ZII	CODE tham Woo	ds Rd.	2123
MARYL	mpletely ond 2 si		homas		MIDDLE E •	Tuc	ker	15. MOTHER'S	MAIDEN NA	ME	MIDDLE R.		Suit	
ORE,	and condicat		VAS DECEASED EVER		RMED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMAL			ADDRESS			
BALTIMORE	be exected on and services. Pages		No			219-05	-6249	Mrs. N	Marian	Gleim-	2906 (Cub Hill	Rd.	21234
RECORDS, 201 W. PRESTON	requires that the depth een signed 1. Then pleas for to burgs or to burgs y injury, or other troumed	TION	Canditions, if any gave rise to im cause (a), statu underlying cause	mediate ng the last	DUE TO, O	& Mis	DEATH BUT	striff C	Par	MINAL DISEAS	bowel	surgery	may, 8	
	N. The law ysician. cate has be ransit permit Hygiene pri	CERTIFICATION	190 DATE OF OPERA			ITION FOR WHICH	HOPERATIO			YES 🗌	иод Іг	I CERTIFYING C. YES TIEM 18 PART 1 OR P	AUSES OF DE	ATH?
DIVISION OF VITAL	DING PHYSICIAN. or otherding phys After this certifica e as the burial-tran aith and Mental Hy marked as item 18	MEDICAL CI	OR CONTRIBUTING (IF EITHER NOTIFY MED 21d INJURY OCCUR	CAUSE OF DE	ATH HOUR A. (R) P. 218. PLACE	M. MONTH D	19	211 LOCATIO		KELL TENTER NA	ATURE OF INJURY IN	COU		STATE
	OR ATTENION of hospital DIRECTOR. Iched for us Dept of Herm 21 is		22a I certify that (I saw the decease abave, (I) (22b. SIGNATUR	ed alive a	1.14.1	4/3 10		DEGREE	TTENDING PHYSICIAN	✓ MEDICAL	STAFF			stated
	TO HOSPITAL retorned by the TO FUNERAL should be deta with the State IMPORTANT: If		22d. PHYSICIAN'S N Frank T.			D.		22e ADDRES	THOICIAN	d Rd.	21234		1	+-
	BP		BURIAL, CREMATION,	REMOVA	7/23/8	37	NAME OF C Dulan	ey Vall	,		on tum	Bal		Мã
	DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR 1ck Towson	Fune	ral Home	e, Inc.	1050	York R	230 DAI	1 2.8 1	987	REGISTRAR'S.S.	IGNATURE PO	lath

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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			C	E	RT	11	F	C	A	Ī	E	OF	DE	A	T	H	

	1 -	STATE REGISTRAR		CER	TIFICATE OF DEATH	8 Zeg. N	19	03
		LEASED NAME FIRST	WIDDLE		EAST	20 DATE OF DEATH	MONTH , DAY YEAR	26. HOUR
	· [ITPE	JOHN	FRANCIS	PHILLI	PS	JULY 9,	1987	10 Hm
1	3. SEX	(4. RACE		TE OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YE	
- 1	M.	ALE	WHITE	M	1-14-16	7/	YRS	TS MOOKS MIN
i)		RTHPLACE (STATE OF FOREIGN	Th CITIZEN OF WHAT C	OUNTRY?	RIED T NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
5		st Virginia	U.S.A.	WIDO			E COUNTY	MD.
\$7	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITA		NE OR OTHER INSTITUTION	12a USUAL OCCUPAT		D OF BUSINESS OR
0	T	OWSON	1634 HARD	WICK RO	AD 21204	Weigh Mas		itation
4	U5U/	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COUR	OTHER INSTITUTION GIVE RESIDENTY	DENCE BEFORE ADMISSI	1134 INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	
5 5		MARYLAND BAL	TIMORE TO	WSON	YES NO 🔀	1634 HAR	DWICK ROA	D 21204
and a	14 FA	THER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN N	AME		LAST
\$		7 H of 1	PH	ILLIPS	BERTHA		SONA	K
100		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SO	CIAL SECURITY N		ADDRI	ESS	21204
105		Yes W.W		-16-468	9 ARRIETTA N	M. PHILLIP		RDWICKRD.
ent, the madecalexe		18 CAUSE OF DEATH (Enter of	nly one couse per line for	(o), (b), and (c).)	0.+	Disai	BETWE	EN ONSET AND DEATH
ve v		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a)	10na	y wery	1) bea	20 50	everal
ofic			DUE TO, OR AS A Q	ANSEQUENCE C	For to	10.4 07	Mach.	Mears
600		Conditions, if ony, which	((b)	uuu	110g 60 M	ear a	MCP	
t te		gove rise to immediate couse (a), stating the	DUE TO, OR AS A C	ONSEQUENCE C	F			
rot		underlying couse lost.	(Ic)					
Jry. o	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBL	TING TO DEATH	BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CON	DITION GIVEN IN PART	l lo
y inju	CERTIFICATION	companys	ma,	Na	letes	20a AUTOPSY?	206 IF YES, WERE FIN	DINGSLISED
San	ICA	190 DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERA	TIÓN WAS PERFORMED		IN CERTIFYING CAU	SES OF DEATH?
X	E T	a contract to first the contract of the contra	216 TIME OF INJUR	v	21. HOW INJURY OCCI	JRRED (ENTER NATURE OF INJU	YES _	NO 🗍
8		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	110110 4 11 116		AR ZIL HOW INJURY OCCU	JRRED (ENTER NATURE OF INIL	BA IN BEW IR NAKI I OKNAKI	2)
Hen	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.M.		19 211 LOCATION			
D	MED	21d INJURY OCCURRED	(AT HOME STREET FACTO			CITY OR TO	OWN COUNTY	STATE
orke		AT WORK AT WORK			6/11/2 100	1 7/	P 10 87	
ž.		22a.1 certify that (1) (the hour sow the deceased alive of		sed from	ond that in (my) is a opinio	on death occurred on the d	ate and hour and from	, that (I) (
m 2		obove, (I) ((did ni			DEGREE		22c Du	
II. If Item		mary	many	leis	ATTENDING PHYSICIAN			19/87
MPORTANT		224 PHYSICIAN'S NAME TYPE	MANDO	ER5	1717 Le	uynn aal	cave B	alt. M
₹ /		BURIAL, CREMATION, REMOVA	L 236 DATE	23c. NAME (OF CEMETERY OR CREMATORY	234 LOCATION	COUNTY	STATE
	В	ÜRTAL	7/13/87	MEAD(OWRIDGE MEMO			MARYLAND
A 7/84	24 F	UNERAL DIRECTOR		*DD8011	25a. D	9 1/	256 REGISTRAR'S SIGN	VATURD
()	W	ILLIAM E. JO	HNSON 8521	LOCH I	RAVEN BLVD.	JUL 13 1987	June Desta	N. V. Vanderson

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physilishould be detoched for use as the buriol-transit permit. Then please remove corbangore with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.

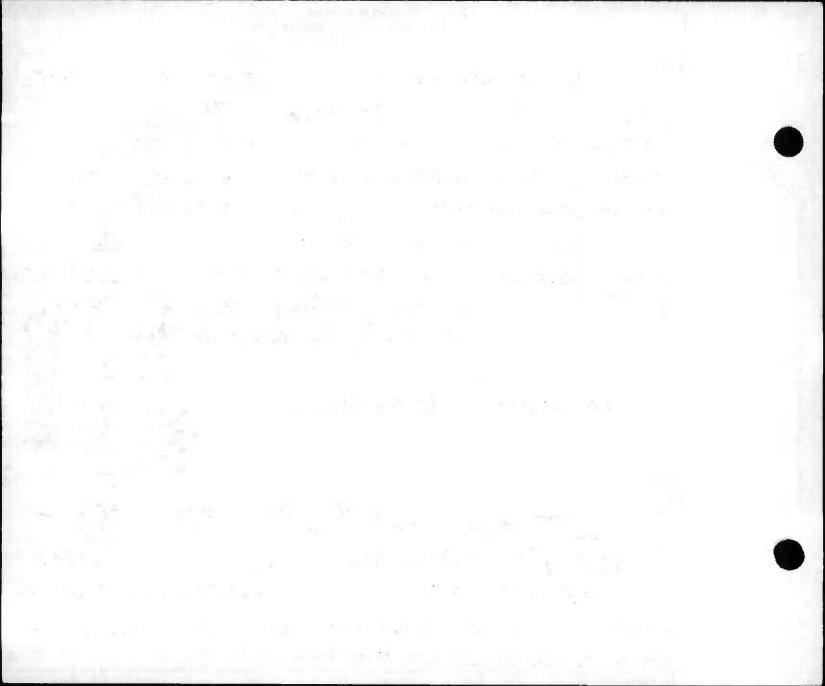
TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certifical

etoined by the hospital or attending physician.

BP.

FOR

(VRA 15, 4)



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on ond completely filled in try the tunests in 15. Poges 1 and 2 should be filed within 72 had

STATE OF MARYLAND

1	FOR = STATE		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	IENE	1 0	3	0 70	
	REGISTRAR					O / REG. N	-		0 4	
	ECEASED NAME FIRST PE OR PRINT)	MIC	DDLE	L	AST	20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR	R
	Mcerica		_	Pil	dush	7 -	12-	1981	712:1	
3. SI	EX	4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	HOURS	24 HRS
	Female	Wh.	te	3	3 - 8 - 1908	7	Y YRS			
7a. E	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WI	HAT COUNTRY?	8	□ NEVER MARRIED □	9 BALTIMORE CITY	R COUNTY C	OF DEATH		
1	RUSSIA	USA		WIDOWE	D NORCED		ORE CO	UNTY		MD.
	ANDALLSTOWN	(IF NOT IN SUCH F	ACILITY, GIVE STREET	ADDRESS)	ROTHER INSTITUTION EN. HOSP.	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST I HOUSEWIE	F WORKING LIFE	INDUSTRY AT		SSOR
130.	JAL RESIDENCE (IF NURSING HOME OF STATE 136 COUR		RESIDENCE BEFORE 34. CITY OR TOW BALTO.		134 INSIDE CITY LIMITS?	134.STREET ADDRESS 3615 FC	ZIP CODE RDS LA.	APT. #212	315 215	
14. F	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA		ı			
	SHEVEM	LAH	OVETŠKYA	1	FIRSTGOLDA	WIODIE		UNKNOV	ŊŊ	
160	WAS DECEASED EVER IN U.S. AR		6b SOCIAL SECU	RITY NO.	17 INFORMANT	EDWARD ZUB	WIK			
1	(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	212-98-0)442	3909 ROX	ANNE RD. RA	NDALLS	TOWN,	MD 2]	1133
	18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ly one couse per lin D BY.	ne for (o), (b), one	d (c)				BETWEEN	I ONSET AND D	DEATH
ı	IMMEDIA	E CAUSE (o)	cirbica c	CIP	1431			+		
	Canditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	(b) C (c) M		NCE OF	1 in Foret	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	(0	
CERTIFICATION	190 DATE OF OPERATION		on for which	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY YES			H?
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE-	HOUR A.M.	INJURY MONTH DA	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RT (OR PART 2)		
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF	FINJURY T. FACTORY OFFICE, F.		211. LOCATION STREET	CITY OR TO	NW	COUNTY	51	TATE
	22a.l certify that (I) (this hosp saw the deceased alive an		deceosed from	7.	d that in (my) (aur) apinian a	to >-/	ote and hour		that (I) (w	
1	above, (I) (we) (did) (did no 22b, SIGNATURE	t) view the bady of	fter deoth		DEGREE				ESIGNED	
	allen J.	clus	(deed	n.	ATTENDING	MEDICAL STA		7-1		>
1	224 PHYSICIAN'S NAME (TYPE			^	22e ADDRESS	, ,				
-		Chica		(D		123d LOCATION	-1001	Hos	P	
230	BURIAL, CREMATION, REMOVAL (SPECIFY)	JULY 13,			EMETERY OR CREMATORY	BALTI	10RE	LAM	RYLANİ	P _{LE}
2.4	FLINERAL DIRECTOR COT	FEVENISON	POGR 2	TNC	25a DAT	E REC'D BY REGISTRAS	25h DECISTO	AD'S SICNIA	TILDE	

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

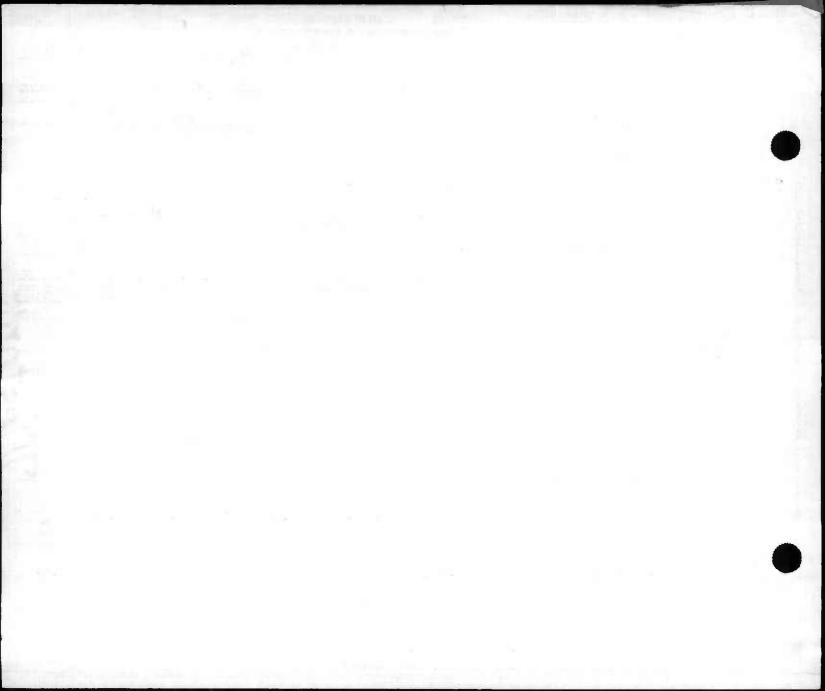
TO FUNERAL DIRECTOR: A should be deteched for one with the State Dept, of Heal IMPORTANT, If Item 21 is

> 6010 REISTERSTOWN RD.

DN & BROS., INC. BALTÔ, MD 21215

Julia Davidon Randale

1 4 1987



١,	FOR			DEPA		E OF MARYLAND EALTH AND MENTAL	L HYGIENE				
1	- STATE REGISTRAR				CERTIF	ICATE OF DEATH		8 / REG	. NO.	9 1	0 5
I. DE	CEASED NAME	FIRST	٨	AIDDLE		AST	2a.	DATE OF DEATH	H MONTH	DAY YEAR	2b. HOUR
F 0	Gio	ovanni	J			SCHE		JULY	19	1987	6:00pm
3. SE	X	4. R	ACE		5. DATE (6. A	GE (IN YEARS LAS	TBIRTHDAY	MONTHS DAYS	R IF UNDER 24 HRS
	Male		Wh	ite	Feb	5 1896		91	YR		
	RTHPLACE (STATE OR FO	REIGN 76.	USA	WHAT COUNT	RY? 8 MARRIE WIDOWE	D NEVER MARRIED	B	altimore cit altimor			MD.
	Baltimore		Frank.	HEACILITY, GIVEST	reet address)	pital	(TYI	USUAL OCCUP PE OF WORK FOR MC Retired	ST OF WORKIN	G LIFE) INDUSTR	OF BUSINESS OR Y
130.	AL RESIDENCE (IF NURSINSTATE Md.	Balto		GIVE RESIDENCE B 130. CITY OR T Dund	OWN	13d. INSIDE CITY LIMIT YES NO		STREET ADDRE	ss / zip co ltimor	ce Ave.	21222
14. F.	ATHER'S NAME FIRST	MIDC	DLE.	== LAST		15 MOTHER'S MAIDE	NAME	MIDDI		== '	AST
	WAS DECEASED EVER II	U.S. ARMEE		166 SOCIAL S	ECURITY NO.	17. INFORMANT		AD	DRESS		
	yes	(W TES, GIVE WA	ok Ok Oklesj	213-09	-1549	John Bian	chi	219 Ba	ltimor		21222
	Conditions, if ony, gove rise to imm cause (a), stating underlying cause	which ediote the lost.	DUE TO, OI (b) DUE TO, OI (c)	R AS A CONSE PT R AS A CONSE SE	OUENCE OF 1eumonia OUENCE OF						
CERTIFICATION	PART 2 OTHER SIGN					NOT RELATED TO THE	2	DISEASE OR C	20b IF IN CEI	YES, WERE FIND RTIFYING CAUSE YES	DINGS USED
	21a. ACCIDENT WAS UNDE OR CONTRIBUTING CONTRIBUTING CONTRIBUTION OF CONTRIBUTI	AUSE OF DEATH	216. TIME O HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY O	CCURRED	(ENTER NATURE OF	INJURY IN ITEM	1B PART I OR PART ?)	
MEDICAL	21d INJURY OCCURRI	E \square	21e PLACE	OF INJURY BEET, FACTORY, OFF	FICE FARM, ETC }	211 LOCATION STREET		CITY C	DR TOWN	COUNTY	STATE
	22a I certify that (sow the decease above, (we) (di	d olive on	ulv 19	1	07	nd that in (our) op		to JUTY	ne date and	hour and from th	, that (we) lost ne causes stated
	22b SIGNATURE No. 12cd PHYSICIAN'S NA.	se	Jos	ysky	mo	DEGREE ATTENDI	ING MIAN DI	EDICAL RECTOR PH	STAFF YSICIAN 🕦		TE SIGNED
	Denis	1 1	DSAT	1	mo	Frankli	in Sq	nanell	of the	9600 F	ranklin Drine
23e.	BURIAL, CREMATION, F (SPECIFY) Burial	REMOVAL 2	7/22/			TEMETERY OR CREMAT		Crowns	ville	AnneAru	ındel Md.
24 F	ConnellyFu	neral I		ADDRE	155 14 212'		JUL	21 198		GISTRAR'S SIGNA	A .
	-CITICITY! UI	iciai I	MIE O	r Dulla	TTV CTC				- 1 0		

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	STATE REGISTRAR			CERTI	FICATE OF DEATH	8 / REG. P	10.	9 1	0 6
	CEASED NAME FIRST		WIDDLE		LAST	20 DATE OF DEATH	MONTH	OAY YEAR	2b. HOUR
(Joseph	(1	MI)	Pist	orio	35 6	7	13,1987	M
3. SE	X	4. RACE		5. DATE O		6 AGE (IN YEARS LAST B	RTHOAY)	MONTHS DAYS	
	Male	1	White	MONT 2	6 1934	53	YRS		HOURS MIN.
₹a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF		TRY? 8		9. BALTIMORE CITY			
	Maryland	TJ.	S.A.	WIDOW	ED DIVORCED	Baltimon	ce Co	untv	MD
and the same of	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NL	IRSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPA	TION	126. KIND	OF BUSINESS OR
	Dundalk	2504 L	therty	Pkwy./2	1222	Self Emplo			sportatio
พรบ	AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION)					SECT CALL
-		timore	Dunda		YES NOXX	2504 Liber	-tv P	DE Kwr. /211	222
	ATHER'S NAME				15. MOTHER'S MAIDEN NA			2200 4 7 222	
	Joseph	WIDDLE	Da ata		Helen	Louis	70	Talka di d	AST
16a \	WAS DECEASED EVER IN U.S. A	RMED FORCES?	Pisto	SECURITY NO.	17 INFORMANT	ADDI		Whit	
	YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)				/10 1	7	Balto.	
	Yes ?-]	952	1218/28	/0596	Joseph E. Pi	storio 19 1	'enara	agon Ct.	XIMATE INTERVAL
	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly ane cause per	line for (a), (b	o), and (c).)				BETWEET	ONSET AND DEATH
		ATE CAUSE (a)	605A10	stary	Depressor				
	2.2	DUE TO O	R AS A CONS	FOLIENCE OF	0 1				
	Canditions, if any, which	(Canci	0					
	gave rise to immediate) [0]							
	couse (a), stating the underlying cause last.	DUE TO, O	R AS A CONS	EQUENCE OF					
		(c)							
7	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	ADITION G	GIVEN IN PART 1	ra
9									
CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		YES, WERE FIND	
E						YES NO	1	YES [NO [
CER	21a. ACCIDENT WAS UNDERLYING	21b. TIME C			21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM)	8 PART I OR PART 21	
	OR CONTRIBUTING CAUSE OF D	LAIN		DAY YEAR					
WEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	21e PLACE	OF INTURY	19	21f LOCATION				
ME	WHILE NOT WHILE		REET FACTORY, OF	FICE FARM ETC)	STREET	CITY OR T	OWN	COUNTY	STATE
	AT WORK AT WORK						- 47	900-	
	22a.1 certify that (1) (this has		-	100	19 8	- to Jelle	- it	19 6	, that (I) (we) last
	saw the deceased alive a above, (I) (we) (did) (did)	of view the body	after death.	19	nd that in 🍘 (aur) opinian	death occurred on the	lote and h	nous and from th	e causes stated
	22b. SIGNATURE	3	- /		DEGREE			22c DAT	ESIGNED
	Bran	1 80	2000	no	ATTENDING PHYSICIAN [MEDICAL STA	ICIAN D	17/1	3/84
	22d. PHYSICIAN S. MAME TON	GARRING T	8	. 8	. 22e. ADDRESS	A 0	0.	177	1 2
	Dr. Allison	Calkins	Darre	J 6216	1 600 N. WOX	R 8+ 15	100	- M	02123
22.	BURIAL, CREMATION, REMOVA			22. NIAME OF (CEMETERY OR CREMATORY	23d LOCATION	700	- C - C - C	-00.001
	(SPECIFY)_		/1007			CITY OR TOWN	Je Ne	YTHUOS	STATE
	Burial	7/16/	TA81	Crest 1	Lawn Cemetery	Frederic			
	UNERAL DIRECTOR		ADDR	RESS		TE REC'D. BY REGISTRA	RISS REG	STRAR'S SIGNO	THE STATE OF THE PARTY OF THE P
M	Walter Brooks B	radley,	Inc. B	alto., M	d. 21222 1111	1 4 1987	1 marie	Carlotter .	4

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has be should be detached for use as the burial-transit permit with the State Dept. of Health and Mental Hygiene pri IMPORTANT: If Item 21 is marked or Item 18 sho

TO HOSPITAL OR ATTEN

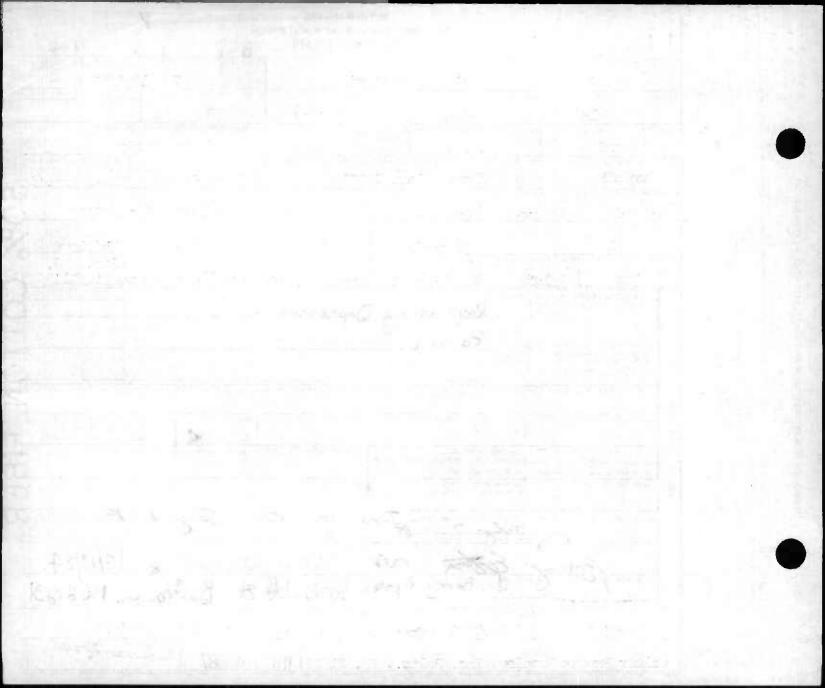
BP.

FOR

059502 JUL

page 3

the attending physician



DIVISION OF VITAL RECORDS, 201 W PRESTON ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the second within 24 hours after death. Page 4 may be
retained by the haspital or attending physician
TO FUNERAL DIRECTOR. After this certificate has been signed by the affecting physician and completely filled in by Verlanding physician and completely filled ph
should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages (God 2 should be tiled on the 172 hours after death
with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, ar removal.
IMPORTANT: If Hem 21 is marked on Hem 18 shows any injury, or other traumatic event, the medical examiner most
29

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

DEPARTM

STATE OF MARYLAND		1 0	
ENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE	9	0
CERTIFICATE OF DEATH	REG. NO.	1 15	

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

	1-	FOR STATE REGISTRAR			DEPA			D MENTAL HYG F DEATH		≉REG. f	NO. 1	9	9107		
28		CE ASED NAME OR PRINT)	FIRST CLAUD				ZZ ILL	0	20 DEFE OF	DEATH	MON!	22	187	ей ноця 4:56Р м	
	3. SE)	FEMALE	1	Whit	MONTH	Jan. 20, 1927			ARS LAST B	YF	MON RS	INDER 1 YEAR	HOURS MIN.		
10	-	RTHPLACE (STATE ORFI OUNTRY) Ouisiana	OREIGN 7	USA	WHAT COUNT	RY? 8 MARRIED WIDOWEI		ER MARRIED DIVORCED	BALT THORE COUNTY 120 USUAL OCCUPATION 12b. KIND OF BU (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					MD.	
6	1	OWS ON		(IE NOT IN SU	C-6701	N. CHARI									
5	130. S Mc	d.	13b COUNT Bal	TY	13L CITY OR 1	NWO	YES 🗌	но 💢		Hart	/ ZIP C	Rd., Timonium			
20		THER'S NAME PIRST Idrew Clau		NIDDLE	Woods			15 MOTHER'S MAIDEN NAME FIRST Sadie Alm				_	Owens		
	43	VAS DECEASED EVER ES, NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	166 SOCIALS		Mr.		. Pizzi	llo,			21 Ha	um 21093 artfell Ro	
		Conditions, if ony, gove rise to imm couse (a), stating underlying couse PART 2 OTHER SIGN	nediate g the last	DUE TO, C	DUE TO, OR AS MYOCARDIAL INFARCTION (b) DUE TO, OR AS A CONSEQUENCE OF (c) LUNG CANCER NOTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER					ERMINAL DISEASE OR CONDITION GIVEN IN PART 110					
2	CERTIFICATION	19a DATE OF OPERAT	ION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED				RFORMED					WERE FINDINGS USED ING CAUSES OF DEATH?		
G		21a. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEAT	HOUR A	OF INJURY M. MONTH	DAY YEAR	21c HOV	V INJURY OCCURR	RED (ENTER NA	TURE OF IN	IURY IN ITEA	A IB PART	1 OR PART 2)		
	MEDICAL	21d. INJURY OCCURR WHILE NOT WH AT WORK AT WOR	SE 🗀		OF INJURY TREET FACTORY OFF			ATION REET		CITY OR I	OWN		COUNTY	STATE	
		220.1 certify that (1) sow the decease above, (1) (we) (d	d olive on_	/	22	9 <u>87</u> . on	d that in (ny) (our] opinion (death occurred	d on the	date and				
		22b. SIGNATURE	1 4	al			DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	ST. PHYS	AFF ICIAN =	224. DATE SIGNED			
1		JACOR				27e ADDRESS					1 551				
		SURIAL, CREMATION, SPECIFY) Rurial	REMOVAL	7 / 25 / 5				DR CREMATORY	Car CITY	OR TOWN	nium		OUNTY Balto	Md.	

Lemmon-Mitchell-Wiedefeld, 10 W. Padonia Rd.

16 0 9 1 3 JUL 28 87

THE STATE OF STREET STATE OF STREET

:: : 7

STATE OF MARYLAND

0594	92 JUL	5	T-STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 9									
			CEASED NAME	FIRST	WIDDIE	IAST	_	2ª DATE OF DEATH	MONTH DAY	YEAR 26 HOUR		
pe	The K	1		11/120	Р.	PLITT			7-10-9	87 125 PM		
Ē	i X	3. SE	(4. RACE		5. DATE OF BIRTH	YEAR	6 AGE LIN YEARS LAST BIR	THDAY) IF UNDER	DAYS HOURS MIN.		
ge 4	97/		Male		White	2 2 D	1913	74	YRS			
6	2 20	Jo B	RTHPLACE (STATE OR FO		EN OF WHAT COUNTRY?	MARRIED NE	ER MARRIED	9 BALTIMORE CITY O	_			
deod	1135		Maryland		J.S.A.	WIDOWED	BALIO	. Coun	MD.			
fter	led with	10 C	TY OR TOWN OF DEA		ME OF HOSPITAL, NURS IN OT IN SUCH FACILITY, GIVE STREET.		12a USUAL OCCUPAT	NE WORKING LIEFT INDI	(IND'OF BUSINESS OR USTRY Trin Marriet			
201	0 2 / -	10WSDn		7	51411+ N	14115/	Supervisor	Ma	rtin Marriet			
4ND 21	filled in	13a S	al residence (if Nursi state aryland	136 COUNTY Balto.	STITUTION GIVE RESIDENCE BEFORE 136. CITY OR TOW Timoniu	N 13d INSI IM YES	DE CITY LIMITS?	203 Eastsp	ring Rd.	21093		
BALTIMORE, MARYLAND	Samplerely of Sa	14. F/	William	F.	Plitt		Ada Ada	MIDDLE		ilson		
RE,	Poges 1		VAS DECEASED EVER	IN U.S. ARMED FO	DATES			ADDRI				
IMO e e	S. Poge	L '	No		214-01-	·3001 Mrs	. Alice G	. Plitt	Same as 1	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH		
1 W. PRESTON ST	by the attending over corbo		Conditions, if any, gove rise to imm cause (a), stotin underlying cause									
5, 201		1,	PART 2 OTHER SIGN	IFICANT CONDITI	ons <u>contributing to </u>	DEATH BUT NOT REL	ATED TO THE TERA	AIN AL DISEASE OR CON	DITION GIVEN IN P	ARI lia		
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low require otherding physician.	hos been prior to ows one prior to	CERTIFICATION	19a DATE OF OPERAT	ION 196	CONDITION FOR WHICH	ERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C	FINDINGS USED AUSES OF DEATH?			
OF VITA	buriol-tronsit Mental Hygie or Item 18 sha		210 ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH	TIME OF INJURY OUR A.M. MONTH DA P.M.	AY YEAR	W INJURY OCCUR	RED (ENTER NATURE OF INJU	PRY IN ITEM 18 PART I ORP	ART ?)		
IVISION JG PHYS offending	os the bur th and Me arked or H	MEDICAL	21d INJURY OCCURE	ILE C	PLACE OF INJURY HOME STREET, FACTORY, OFFICE F	21f toc	ATION	CITY OR TO	OWN COU	INTY STATE		
ATTENDIA Spitol or	of Heo		sow the decease abave, (1) (we)		nded the deceased from 19 5		(my (our opinion	deoth occurred on the d	ate and hour ond fr	om the causes stated		
TAL OR A	detached detached ote Dept		27b. SIGNATURE	a A.C	Bletan	DEGREE		MEDICAL STA	CIAN	7-10-87		
HOSPII	D FUNERAL rould be det iff the Stote		22d PHYSICIAN'S NA	la S. Ale	exander, M.D.	22e AD	prem	la Maris Hos alley Rd		D 21204		

23a BURIAL, CREMATION, REMOVAL 23b DATE Cremation 7/11/87 231 NAME OF CEMETERY OR CREMATORY Westview Cemetery

23d LOCATION
CUTY OF TOWN
Balto. Balto.

STATE Md. BB B B B TRAR 256 REGISTA AR S SIGNATURE

IMPORTANT, If Item 21 is

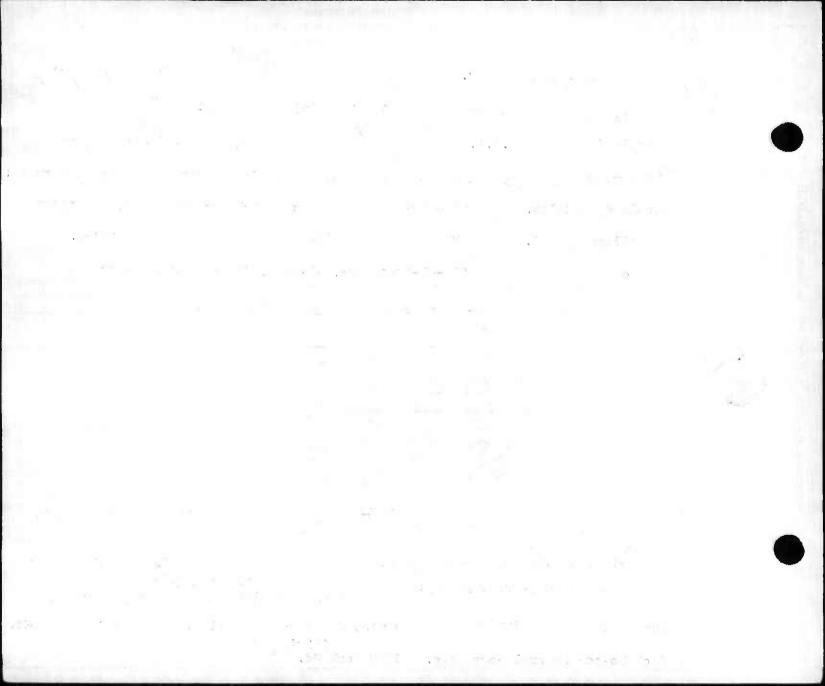
BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

74 FUNERAL DIRECTOR

NAME
Ruck Towson Funeral Home, Inc.

2120% PATE RIC 1050 York Rd



BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

059170

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	(0

191	109
191	109

. 1	15	STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE									
Ч	IU	REGISTRAR			CERTIF	ICATE OF DEATH	8 7 REG. NO	0. 1 9	1 1	0 0		
		CEASED NAME FIRST		MIDDLE	Ĺ	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR-		
1	(TYPE	Virgini	a	Ε.		Powe11	July 6.	1987		1 PM		
	3. SE>	x	4 RACE		5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR		JNDER TYEAR	IF UNDER 24 HRS		
		Female	Whi	te	Tinn	e 30, 1911	76	MON	THS DAYS	HOURS MIN.		
_	70 BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.		9 BALTIMORE CITY O	R COUNTY OF	DEATH			
1	(COUNTRY				D NEVER MARRIED						
=		aryland	U.S.		WIDOWE	DR OTHER INSTITUTION	Baltimo	ore Cou		F BUSINESS OR		
2	Ca	atonsville	Summi i	Nursing	Home	SK OTTEK INSTITUTION	Title Cle	OF WORKING LIFE)	INDUSTRY	notive		
grat.	130 S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 71P CODE				
1			timore	Woodlaw		YES NO	1121 McAd		2110	21207		
5		ATHER'S NAME				15 MOTHER'S MAIDEN NA	ME	IUU AVE				
		Frederick	MIDDLE	LAST		FIRST	MIDDLE		LAST			
4	160 10	VAS DECEASED EVER IN U.S. AF	PANED ECPCES?	Kuh 1	PITY NO	Mary 17 INFORMANT	E .	SS	Kir	ckhoff		
ř	(1	YES, NO OR UNKNOWN] (IF YES, GI	VE WAR OR DATES				112	21 McAdo	oo Ave	nue		
	No		213-20-0674 William L. Powell Baltimore,							21207		
9		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause per	line for (o), (b), on	d ic				BETWEEN	MATE INTERVAL ONSET AND DEATH		
		IMMEDIA	mi	nutes								
			DUE TO O	R AS A CONSEOUI	NCE OF							
-		Canditions, if ony, which	(d)									
		gove rise to immediate cause (a), stating the	SUF TO O	R AS A CONSEQUI	NCE OF							
		underlying couse last.	(6)	R AS A CONSECUI	INCE OF							
		PART 2 OTHER SIGNIFICANT		ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 110			
	Z						The district on con-					
3	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDINGS USED			
1	윤						YES T NOT	NG CAUSES OF DEATH?				
	ERT	71a ACCIDENT WAS UNDERLYING	216 TIME C	E IN ILIRY		21r HOW INJURY OCCUR		YES [NO []		
2	0	OR CONTRIBUTING CAUSE OF DE		M. MONTH D.	AY YEAR	THE THORN WOOK FOCCOM	MED (EIGIER WAIDRE OF 11930	() lia lifw if Lwki	OK FART 2			
	CA	(IF EITHER NOTIFY MEDICAL EXAMINE		M	19							
	MEDICAL	21d INJURY OCCURRED		OF INJURY REET, FACTORY OFFICE F	ARM ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE		
	-	AT WORK NOT WHILE AT WORK										
		220.1 certify that (I) (this has			July	7, 29, 1981		198%		that (II (🖦) lost		
1		saw the deceased allie at obave, (I) (ve i det) (ded to	June 2	3 19 19	- '	nd that in (my) (XXxapinian	death occurred an the de	ate and hour or	22c DATE			
		776 SIGNATURE	0. 2									
-	3	were yxxe	y ".	P		ATTENDING PHYSICIAN (MEDICAL STA		7-6	- 87		
7		224 PHYSICIAN'S NAME TIME	OR PRINT)			77e ADDRESS				1		
		Charles r. Gr	aham: J	. M D		299 Frederi	ok Rd Balt	imore	Md. 21	1228		
		BURIAL, CREMATION, REMOVAL			NAME OF C	EMETERY OR CREMATORY	23d LOCATION					
	((SPECIFY)				ne Mausoleum	Woodla		OUNTY	Manus I and		
		Burial UNERAL DIRECTOR	7/9/8	/ 150	riall	750 DA	TE REC'D. BY REGISTRAR	75h RAGISTRA	PESIGNAT	Maryland		
	Le	roymeM. & Russe	11 C. Wi	tzke Tune	ral F	Homes P.A.	UL 9 1987,	Julia	Dender	- Kandaella		
	16	30 Edmondson A	venue, C	atonsvil]	e MI	21228	0 D DOL	0				



19110

16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT ADDRESS Ruth No ADDRESS 18. OCIAL SECURITY NO 17. INFORMANT ADDRESS ADDRESS 18. COLLA SECURITY NO 17. INFORMANT ADDRESS ADDRESS 18. COLLA SECURITY NO 17. INFORMANT ADDRESS ADDRE	
CORNELIUS Elijah POWERS DOWN POWERS DOWN POWERS DOWN POWERS DOWN POWERS P	7b HO
SATE OF BIRTH A GE (RYTAKE BUNDER 17R BUNDER 24 HIS, R. DATE MORE TO A CONTROL TO	7
BRITHPLACE SAME BRITHPLACE SAME TOWN OF DEATH U. S. A BULIZEN OF WHAT COUNTRY? II. NAME OF HOSPITAL, NURSING HOME OF CORRESSON III. NAME OF HOSPITAL, NURSING HOME OF CHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME OF CHER INSTITUTION BULIZEN OF WHAT COUNTRY? III. NAME OF HOSPITAL, NURSING HOME OF WHAT COUNTRY? III. NAME OF HOSPITAL, NURSING HOME OF CHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME OF CHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME OF CHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME OF CHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME OF CHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME OF CHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME OF COUNTRY HIT HOME OF HOME O	
U.S.A	111:
CITY OR TOWN OF DEATH	
TOWSON Greater Baltimore Medical Center SUAL RESIDENCE OF MINUSPING HOME OF CHIEF INSTITUTION, ON THE SECRET PROBESSION 13b. COUNTY May DEE FATHER'S NAME ON DESTRUCTION	
SUAL RESIDENCE (FIR INJUSPAGE NORTHUM CANDED STATE SATURING) SUAL RESIDENCE (FIR INJUSPAGE NORTHUM CANDED SAMESSON) BE STATE Md 13b COUNTY 13c CITY OR TOWN 13c CITY OR TOWN 13d INSUE (IIT VIMITS) 13e STREET ADDRESS 13b COUNTY 13c CITY OR TOWN 13d INSUE (IIT VIMITS) 13e STREET ADDRESS 13d INSUE CITY OR TOWN 13d INSUE (IIT VIMITS) 13e STREET ADDRESS 13d INSUE CITY OR TOWN 13d INSUE (IIT VIMITS) 13e STREET ADDRESS 13d INSUE CITY OR TOWN 13d INSUE (IIT VIMITS) 13e STREET ADDRESS 13d INSUE CITY OR TOWN 13d INSUE CITY OR AND INSUE CITY OR INSUE CITY O	
136 COUNTY 136 COUNTY 136 COUNTY 136 COUNTY 136 COUNTY 136 IT YES 136 STREET ADDRESS 156 MOTHER'S NAME 156 M	
FATHER'S NAME Powers 15. MOTHER'S MAIDEN NAME FIRST Ruth MIDDLE Hinnar Ruth MIDDLE Ruth Ruth MIDDLE Ruth Ruth MIDDLE Ruth	1234
BUSINESS DECEASED EVER IN U.S. ARMED FORCES? (MYES, NO, OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 18 CAUSE OF DEATH (b) and cause of line for	t.
NO 218-70-5420 Ruth Powers 4461 01d Frederick Ro Routh Powers 4461 01d Frederick Round	
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSE BY. Cardiac arrhythmia complicating cocaine use	ad
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS UNDERLYING OF PRIMARY UNDERLYING CAUSE OF DEATH 2 p.m. 7 19 87 Subject used drugs 21d. INJURY OCCURRED WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) UNKNOWN 21a. PLACE OF INJURY (ATHOME. STREET CITY OR TOWN COUNTY UNKNOWN Baltimore Co., Mary 21b. Title (SPECIFY) ACTUAL	ŧ
WHILE NOT WHILE IN	Y?
UNDERLYING CAUSE OF DEATH ? P.M. 7 19 87 SUBject used drugs 71d. INJURY OCCURRED WHILE NOT WHILE UNKNOWN Treet, FACTORY, FARM, ETC.) UNKNOWN 120 I Certify that I taok charge of the remains described abave, held an Autopsy X. Inspection I., Inquiry I., and in my apinion death resulted fram: Natural causes I., Accident I., Suicide I., Hamicide I., Undetermined monner X. TITLE (SPECIFY) DATE 7/3	NO [
AT WORK AT WORK UNKNOWN Baltimore Co., Mary 176 I certify that I taok charge at the remains described above, held an Autopsy X, Inspection , Inquiry , and in my apinion death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined monner X, TITLE (SPECIFY)	
death resulted fram: Natural causes . Accident . Suicide . Homicide . Undetermined monner . TITLE (SPECIFY)	stat land
EXAMINER'S NAME (TYPE OR PRINT) Margarita A. Korell, M.D. ADDRESS 111 Penn St.	5/87
	STATE MD
funeral director m. **C. March F/H West 4300 Wabash Avenue 256 Date rec'd. By registrar 256 registrar's signature	

JUL 31 1987

DHMH - 17 (VR A15 ME (5))

		1.	FOR		D	STA EPARTMENT OF		ARYLAND	TAL HYGIEN	JE .				
0607	96 JUL 2	7	8 GISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DE								No O	1	4 1	
, 0 0 1		I. DE	CEASED NAME	FIRST		MIDDLE		LAST	C	20. DATE KNOWN OF ESTI-		DAY	YEAR 25 HOUR	
	JRS			JERRY		R.		UGH		DEATH MATED			19 87 1 N	
45 X	RY, PLEASI DIRECTOR OUR FILES 72 HOUR!	3 SE	Table 1	hite	5. DATE OF BIRTH	1940 47 47 Y	ARS IF UN AY) MONTI		UNDER 24 HRS.	PRONOUNCED DEAD	7	21	19 87 8 A HOUR	
0	IS NECESSARY, PEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. DO, WITHIN 72 HOURS		RTHPLACE (STATE OR REIGN COUNTRY)	ina	U. S.		8. MARRI WIDOW	RIED NEVER MARRIED Baltimore Count					DEATH	
	PAGE	1	Arbutus		Northbound	ITAL, NURSING HOMI ILITY, GIVE STREET ADDRESS) 1 1–95 no.	of R		UAL OCCUPATION MOST OF WORKING LIFE) CK DC1 VE	(TYPE OF WORK	OF	IND OF BUSINESS R INDUSTRY ansportati		
. 21201	ATH. IF ANY DELA S. 1, 2, AND 3 TO 1 P.M. 3. RETAIN PA ND 2 SHOULD BE F WITAI RECORDS.	13.55	outh Carol	1136. COUNT Lna Sp	or other institution, give residence before admission) TY OartanBurg 136. Fity Or Town OartanBurg 136. Finan 138 INSIDE (ITY LIMITS? YES \(\sigma \to \mathred{\sigma} \) YES \(\sigma \to \mathred{\sigma} \) YES \(\sigma \to \mathred{\sigma} \)						9Woods	Woodsong Drive		
ORE, MD.	M PM 3 AND 2 AND 2	7	Hugh		MIDDIE Richar			FIRSE	maiden nami nola	MIDDLE S			LAST Powell	
BALTIMORE,	88852	160 \	VAS DECEASED EVER ES NO, OR UNKNOWN) Yes	U.S. ARM	MED FORCES? WAR OR DATES)	247-64-70		Jane Pugh 329Woodsong Drive						
PRESTON ST., B	WITHIN 24 HOURS AFIE INCIL IN ITEM 18 GIVE INNER ALONG, WITH R TRANSIT PERMIT, PAGE TTAL HYGIENE, DIVISIO OR REMOVAL.		18 CAUSE OF DEAT PART I DEATH W	VAS CAUSED	E CAUSE (a) M	or (a), (b), and (c).) ultiple in AS A CONSEQUENCE		S				BETY	PPROXIMATE INTERVAL WEEN ONSET AND DEATH	
	085.50				(b)DUE TO, OR A	AS A CONSEQUENCE	OF					+		
CORDS, 2	ENDING" II MEDICAL E AS A BURI EALTH AND CREMATIO	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1.											
TAL RE	SHOULD IN SHOULD	CERTIFICATION	19a. DATE OF OPER	ATION	196 CONDITI	ON FOR WHICH OPER	RATION W	AS PERFORMED)?				AUTOPSY?	
DIVISION OF VITAL RECORDS, 201 W.	CERTIFICATE SHOULD BE EXECUTEI TING THE WORD "PENDING" IN I DED TO THE CHIEF MEDICAL EXA E3 SHOULD BE USED AS A BURIAL DEPARTMENT OF HEALTH AND M I PRORTO BURIAL, CREMATION,		210 EXTERNAL CAU UNDERLYING CONTRIBUTING	OR	21b. TIME OF HOUR A.M. DEATH 8:20	MONTH DAY YEAR	R			nature of injury in item		ART 2)		
DIVISI	WAR WAR	MEDICAL	VHILE NOT AT WORK			F INJURY (AT HOME, DRY, FARM, ETC.)		TREET Thound	I-95 n	o. of Rt.	166,	Balto	O. MD	
	L EXAMINER: 1 ECERTIFICATE, DUID BE FORV. L DIRECTOR: F H, WITHTHE SI MARYLAND.		22a I certify that death resulted from		e of the remains desc	3/527	Autap	, Ins	spection Under	Inquiry	and in my a	ipinian		
•	CAL EXA THE CERT HOULD RAL DIRI ATH, WITH RE, MAR		ACTUAL SIGNATURE	Lu			м	TITLE (SPECI		ICAL EXAMINER	DATE SIGN	ED	7-21-87	
ann	TO MEDICAL EXAMINER EXECUTE THE CERTIFICATION OF A SHOULD BE FOR THE FORESTOR AFTER DEATH, WITHTHE BANTIMORE, MARYLAND		EXAMINER'S NAME (TYPE OR PRINT)	AATTT	Aan M. Za			ADDRESS		St., Bal	to., M	1D :	21201	
07/84 25M	BP		URIAL, CREMATION, Buria	1	7-24-87	Sunset	Metery o	ial Par	k Sp				burg',5.Car	
23/4(DHMH - 17 (VR A15 ME (5))		UNERAL DIRECTOR	neral	Servi ce	Unnerco.	Ma.	75a.	THE 24	4 4007			Pandage	

24 FUNERAL DIRECTION IN C

3331 Brehms Lane, Balto, Md.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

25a. DATE RECID.

BY REGISTRAR 25% REGISTRAR'S SIGNATURE

STATE

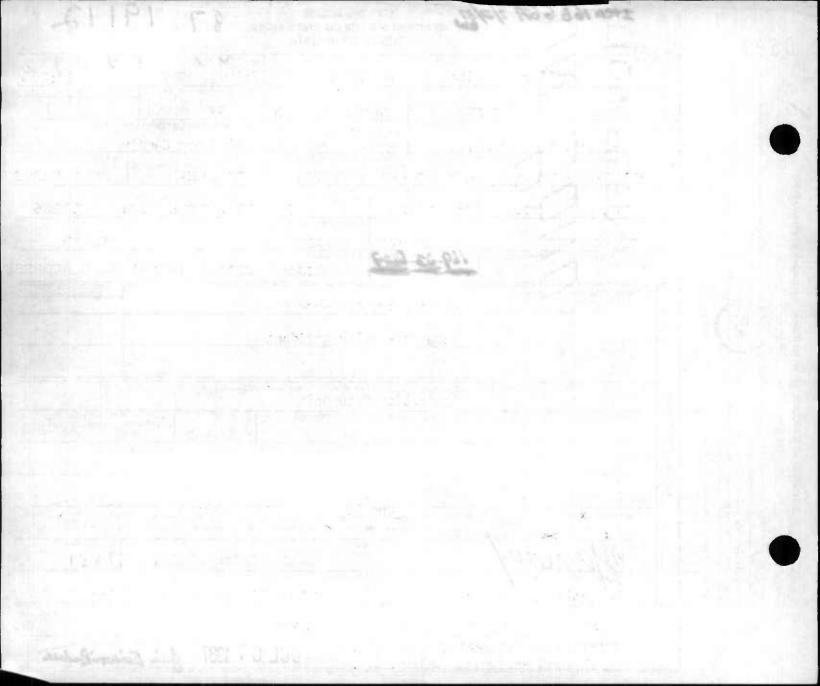
Item 165 6 607 73/87

- STATE

REGISTRAR

DIVISION OF VITAL RECORDS,

DHMH - 16 60M 7/84 (VRA 15, 4)



BP. DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND										
DEPARTMENT OF HEALTH AND MENTAL H	HYGIENE									
CERTIFICATE OF DEATH										

19113

	FOR STATE PEGISTRAR			EALTH AND MENTAL HYG	IENE	171	13
1. DE	CEASED NAME FIRST BOOKEN	MIDDIE D	Qui	inn		MONTH DAY YE	2b HOURS P
3. SE	Female	White	S. DATE C		6. AGE (IN YEARS LAST BIRT	YRS	DAYS HOURS AIN.
B	altimore, Md.	U. S. A.	MARRIE			ore Coun	ty MD
1	Catonsville	11. NAME OF HOSPITAL	trose Au		Administ	rative S	Mor Butto
13a :	STATE Md. Balt		8hsVille	IES NO	308 CPPESS	788 Roo	rd-21228
2	Luke	J. Qui		15. MOTHER'S MAIDEN NAI	C.		Lacy
	WAS DECEASED EVER IN U.S. ARA	WILD ORD LITTE	-14-873	- 1935 Gou			Quinn 21231.
CERTIFICATION	PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT C.	DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c) ONDITIONS CONTRIBUT	DNSEOUENCE OF		INAL DISEASE OR CONI	DITION GIVEN IN PA	FINDINGS USED
RTIFIC	21a ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c HOW INJURY OCCUR	YES NO	NO _	
MEDICAL CE	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MOI P.M.	NTH DAY YEAR		CED (ENTER NATURE OF INJUI	Y IN TEM 18 PART TOR PA	DEL 2)
MED	21d. INJURY OCCURRED WHITE NOT WHITE AT WORK	21e PLACE OF INJUR (AT HOME, STREET, FACTOR		211 LOCATION STREET	CITY OR TO	WN COUN	NTY STATE
	228.1 certify that (1) (this haspit sow the deceased alive on above, (1) (we) (did) (did not	7-16	19 7 01	nd that in (my) (our) opinion	death occurred on the de	ote and hour and Ira	m the causes stated
	22b. SIGNATUME	ETHUM		ATTENDING PHYSICIAN	MEDICAL STAI	F _ :	DATE SIGNED 7-27-47
	224. PHYSICIAN'S NAME (TYPE OF	PRINT)	lom		EVICE MA	24	
	BURIAL, CREMATION, REMOVAL (SPECKY) Burial	7/27/87		EMETERY OR CREMATORY Cathedral C	23d. LOCATION CITY OR TOWN emBalti	more, Ma	iruland
24 F	uneral director Sterl 36 Edmondson	ing Funer Ave.; Cato	al Estat	e Md., 2 238	IL 28 1987	Julia Sond	GNATURE

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STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYGIENE

059098 JUL-	919	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. N	10.	0 1	
moy be poge 3		CEASED NAME OR PRINT)	eo J		MIDDLE R	ABORG	AST	July 3,	монтн г 1987	YEAR	26 HOUR 4
4 000	3. SEX	Male		4. RACE White		Nov.	1 24. 1949 EAR	6 AGE (IN YEARS LAST BY		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
deoth. Pag		RTHPLACE (STATE ORF OUNTRY) Maryland	76. CITIZEN OF	WHAT COUNTRY	? 8 MARRIE WIDOW	NEVER MARRIED DIVORCED	- Daltimono Co			MD.	
offer of will be to wi		TY OR TOWN OF DEA			11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Franklin Square Hospital			12a USUAL OCCUPAT	ION OF WORKING LIFE	12b. KIND OF	BUSINESS OR
NND 212	USUA 13a. S		E (IF NURSING HOME OR OTHER BALTIM		MER INSTITUTION GIVE RESIDENCE BEFORE ADMISSING TOWN 134. CITY OR TOWN ESSEX		13d. INSIDE CITY LIMITS? YES NO	39 Pelczar Ave		21221	
MARYLA ed within ded 3sh	14. FA	THER'S NAME FIRST		WIDDLE	Raborg		15 MOTHER'S MAIDEN NA FIRST Thelm	MIDDLE	Cald	well LAST	
IMORE, MA		VAS DECEASED EVER		IVE WAR OR DATES	214 56		Marian Rab	ADDR Org	Wife	Same	NATE INTERVAL
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours cattending physicion. (for this certificate has been signed by the ottending physicion and completely fillied in by as the buriol-transit permit. Then please has weed abon popers. Pages 1 dad Ashbuild be fill than Mennol Hygiene prior to buriol, cremation, or removal. or ked or frem 18 shows ony injury, or other traumatic event, the medical examples must be in a category.		Conditions, if ony, gove rise to improve (o), stating underlying cause	nediate ng the last.	(b)	r as a conseq	opulmo	onary Arrest	IINAL DISEASE OR CON	NDITION GIVI	EN IN PART 11a	
TAL RECORDS The low requirition: ricion: risin permit. The risin permit. The risin permit. The risin permit. The rish permit. The rish permit. The	CERTIFICATION	19a, DATE OF OPERA				H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDING CAUSES (
VISION OF VITAL G PHYSICIAN: The strength of the by the	MEDICAL CE	216. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTHY MEDI 21d. INJURY OCCUR! WHILE AT WORK AT WORK	CAUSE OF DE	HOUR A.	M. MONTH I M.	19	21c. HOW INJURY OCCUR 211 LOCATION STREET	RED (ENTER NATURE OF INJ		COUNTY	STATE
OR ATTEND of hospital or DIRECTOR: A sched for use Dept. of Heal		220.1 certify that XII) (this haspital) attended the deceased from JUTY 3									
TO HOSPITAL reformed by th TO FUNERAL should be derl with the Store		22d PHYSICIAN'S NA	,	or PRINT) dman, M.	(7 0	22e. ADDRESS 9000 Frankl	3		alto.,	MD 21237
BP	23a. B	URIAL, CREMATION,	REMOVA				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	altimo	re Count	y, Ma

DHMH - 16 60M 7/8

(VRA 15, 4)

Funeral Home PA 1407 Old Eastern Ave.

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curses of the control
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20. DATE OF DEATH DECEASED NAME FIRST TYPE OR PRINTS MARTA . K. RADITINGER 3 SEX 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) YEAR WHITE 15 BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. OYCHECOSLAVAKI WIDOWED DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17a USUAL OCCUPATION (# NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! OWSON OSEPH HOMEMAKER 136 COUNTY 13r. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 8100 OAKLEIGH RD. 21234 BALTIMORE 21234 MARYLAND 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE EAST MIDDLE AMELIA LEOPOLD KORSCH ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES. NO OR UNKNOWN) 220-30-0376 JOSEPH F. RADLINGER8100 OAKLEIGH RD. NO 18 CAUSE OF DEATH (Enter only one couse per line far to), (b), and to ... PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Dehibration LIOWY FICATE 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 71a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART I OR PART 2) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN AT HOME, STREET, FACTORY OFFICE FARM ETC 1 STREET NOT WHILE

22s. ADDRESS 23a. BURIAL, CREMATION REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE CITY OF TOWN BALTIMORE COUNTY, MD ENTOMBMENT MORELAND MEM. PARK

-

ATTENDING

PHYSICIAN

DEGREE

DHMH - 16 60M 7/84 (VRA 15, 4)

DRIANT

9 6

JOHNSON8521 LOCH RAVEN BLVD.

220.1 certify that (1) (this haspital) attended the deceased from_

above, the west digitalid not seew the body after death.

saw the deceased olive on_

275 SIGNATURE

24. FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

and that in (my) (aur) apinion death occurred on the date and hour and from the couses stated

DIRECTOR PHYSICIAN F

MEDICAL

STAFF

IF UNDER 1 YEAR

INDUSTRY

KACUR

YES [

COUNTY

27L DATE SIGNED

IF UNDER 24 HRS

21234

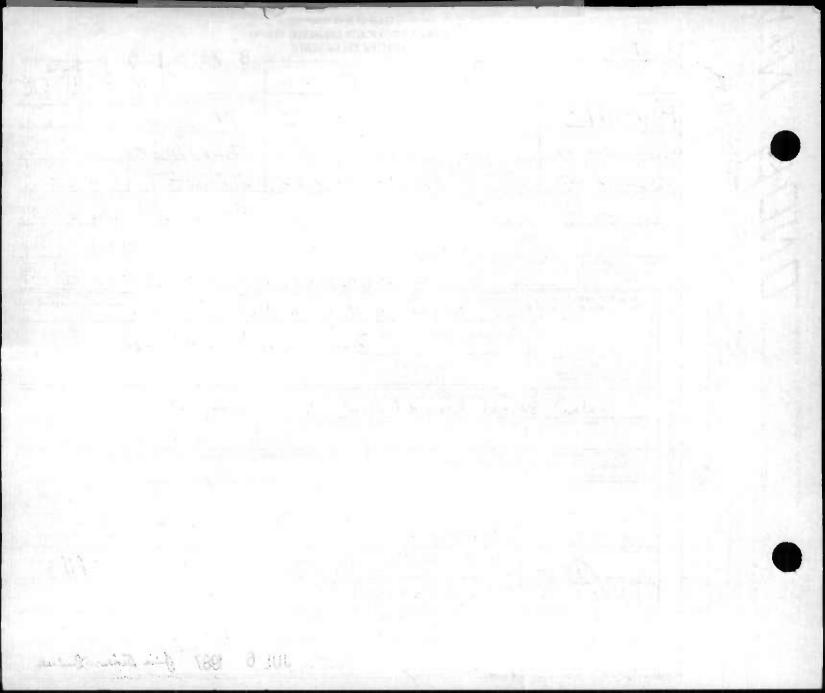
12b. KIND OF BUSINESS OR

HOM E

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE



STATE OF MARYLAND

EPARTMENT	OF-HEALTH	AND	MENTAL	HYGIENE
CFI	RTIFICATE	OF	DEATH	

- STATE			DEPARTA	CERTIF	ICATE OF DEATH	R 7	100	
REGISTI			AIODIE		AST	REG. NO.	9	2h HOUR
(TYPE OR PRINT)		,				10 0412 01 02411	4005	A
	YULY	Company of the Compan	R	AGIMZ		July 18	1 1987	9,50 W
3. SEX		4 RACE		S. DATE C	OAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS	HOURS MIN.
Ma1	-	White		Se	pt. 16, 1937	49 YR:		
7a. BIRTHPLACI	(STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	BALTIMORE CITY OR COUN	ITY OF DEATH	
	sia	USA		WIDOWE		Baltimore Co	unty	ME
10 CITY OR TO	WN OF DEATH		OSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b KIND C	OF BUSINESS OR
Baltim	ore		2 Chippe		ive 21209	Architect	B	ldg.
USUAL RESIDE	NCE (IF NURSING HOME OF	OTHER INSTITUTION.		ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO		
Maryl	and Ba	lto.	Balto.		YES NO	6902 Chippewa		21209
14 FATHER'S N	AME				15 MOTHER'S MAIDEN NA	ME		
FI	Ragim Ragi	mzade	LAST		Lubov	Skwersky	IA	.51
16a WAS DECE	ASED EVER IN U.S. AF		16b SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRESS	21	209
(YES, NO OR I	INKNOWN} (IF YES GI	VE WAR OR DATES	215-96-	2836	Mrs. Galina	Zagimzade-6902		
								XIMATE INTERVAL
18 CAU	SEOF DEATH (Enter of I. DEATH WAS CAUSE	nly one couse per D BY:	line for igi, ibi, on	L'OP-	ORY FAIL	11101	BETWEEN	ONSET AND DEATH
		TE CAUSE (o)	KEDF	IKHI	ORS TITA	UKE		
		DUE TO O	R AS A CONSEQUE	NCE OF	00 . 10 0			
Conditi	ons, if any, which	(LUIV	66	ANCER			
	rise to immediate	(6)	- / /					
couse	(o), stoting the	DUE TO, O	R AS A CONSEQUE	ENGE OF	7077 /200	CENT COINI.	5000	
underly	ing couse lost	((()	1/6/	1751	17/16 / 8/1	SEOF SKULL	wrx	
PART 2	OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF CONDITION	GIVEN IN PART 1	10
Z								
V 19g DATI	OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		YES, WERE FINDI	
21a. ACC						YES TO NO IN CEI	RTIFYING CAUSES	S OF DEATH?
21- 400	DENT WAS UNDERLYING	7 21h TIME O	E IN II IDV		21c. HOW INJURY OCCUR		18 PART I OR PART 2)	NO []
00.00.00	RIBUTING CAUSE OF DE		M. MONTH D	AY YEAR	THE HOW INSORT OCCOR	KED (ENIEK NATURE)	18 PART I OR PART 2)	
S (IF EITHE	R NOTIFY MEDICAL EXAMINE	R) P.	M	19				
ш	JRY OCCURRED	21e PLACE	OF INJURY REET FACTORY OFFICE, F	ARM ETC)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
AT WORK	NOT WHILE AT WORK			-	1 - 0	7 4 1	27	
22a.1 ce	tify that (I) (this hosp	ital) attended th	e deceosed from_	261	19	1. 10 July	19	that (It (we) las
sow	the deceased alive or	Jus	190	/,0	nd that in (my) (our) opinion	deoth occurred on the desond	hour and from the	e couses stated
	ve, (l) (we) (did) (did no	ot) vew/the body	Offer death.	7	DEGREE		22c DATE	E SIGNED
1	2. 1	luni	1111	1	MA ATTENDING	MEDICAL STAFF	4.1	18 8
224 011	SICIAN'S NAME (TYPE				PHYSICIAN 2	DIRECTOR PHYSICIAN	Jul	710
120 1111	i I O	ZINK	25/11/	MA	1 to in h	VIN EECT	Ryl	to 212,
E	UH J.	211010	LIUI		00010 4	VULT Z 31	/ cerr	2100
	REMATION, REMOVAL	. 23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
Bür	ial	July :	19/87	Balto	. Hebrew			
24 FUNERAL D	DIRECTOR			-uz-c	2/2/5 25a DAT	Reisterstwon	ISTRAR'S SIGNA	TURE
Sol I	evincon	Rroe 6	110 Paict	arcta		11 2 A 1007 Aus	in Devider	Pandall

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR. After this certificate in should be detached for use as the buriol-transit it with the State Dept of Health and Mental Hygiem. IMPORTANT: If hem 21 is morked or hem 18 str

by the attending physicion and completely filled in by the funeral direction page 3 case remove carbonpopers. Pages 1 and 2 should be filed within 72 hours after death the incremation, or removal.

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or other troumotic event, the

(VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician

FOR - STATE

STATE OF MARYLAND

DEPARTMENT	OF HEALTH	AND MENTA	HYGIENE
CE	RTIFICATE	OF DEATH	

1. DE				AIE OF DEATH	RE RE	G. NO.	O 1	
L 21 8	CEASED NAME FIRST	Helen Ramer	LASI	T		0, 1987	DAY YEAR	26 HOUR
3. SE	Female	4 RACE White	5. DATE OF MONTH 1-14	-1903	6. AGE (IN YEARS L		WONTHS DAYS	HOURS MI
P	IRTHPLACE STATE ORFOREIGN COUNTRY) ennsylvania	USA	WIDOWED		□ Baltin	nore Co.,	,	
10	Baltimore	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STE VILLA St. MI	ichael 48		Dr. House	MOST OF WORKING LIFE	E) INDUSTRY	maker
13a Ma	aryland Ba	ME OR OTHER INSTITUTION, GIVE RESIDENCE BE OUNTY 136. CITY OR TO Baltin	more	3d INSIDE CITY LIMITS YES (NO [724 Muz	ress / zip code rdock Roa	ad, 212	12
	ather's NAME ohn Henry Rame	MIDDLE LAST	11	S. MOTHER'S MAIDEN Mimmie L:	ittle		LAS	51
160 V	WAS DECEASED EVER IN U.S (1455, NO OR UNKNOWN)		B-1316	7. INFORMANT Chris Rai	ner, Same a	ADDRESS		
THE	PART I. DEATH WAS CA	er only one couse per lige for (a), (b), NUSED BY: DIATE CAUSE (a). ARC	and ice	a De	LIVE	8	APPROXI BETWEEN	MATE INTERVA ONSET AND DE
2								
ATION	ARACI	INT CONDITIONS CONTRIBUTING THE CONDITION FOR WHI	Γ.					
RTIFICATION	ARA CI	HNOED CYST	ICH OPERATION	WAS PERFORMED	200 AUTOPSY	20b. IF YES IN CERTIF YES	S, WERE FINDIN YING CAUSES S	NGS USED
CAL CERTIFICATION	ARACI	196 CONDITION FOR WHI	ICH OPERATION		200 AUTOPSY	20b. IF YES IN CERTIF YES	S, WERE FINDIN YING CAUSES S	NGS USED OF DEATH?
MEDICAL CERTIFICATION	ARA CA 190 DATE OF OPERATION 710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	196 CONDITION FOR WHI 196 CONDITION FOR WHI 216. TIME OF INJURY HOUR A.M. MONTH P.M. 216. PLACE OF INJURY	DAY YEAR	WAS PERFORMED	200 AUTOPSYTY YES NO URRED (ENTER NATURE C	20b. IF YES IN CERTIF YES	S, WERE FINDIN YING CAUSES S	NGS USED OF DEATH? NO
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MEDICAL MANAGER MANAGE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF ETHER NOTIFY MEDICAL EXAN 21d. INJURY OCCURRED WHITE NOT WHITE AT WORK 22a.1 certify that (I) (this h saw the deceased allow above, (I) we) (did) (di 22b. SIGNATURE) 22d. PHYSICIANES NAME (I)	196 CONDITION FOR WHI 197 P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFF) 197 ON SOSPITAL 198 CONDITION FOR WHI 198 CONDITION FOR WHI 199 CONDITION FOR WHI 190 CONDIT	DAY YEAR 19 ICE FARM, ETC.) DECE FARM, ETC.) OTT. GRANDE OF CEA	WAS PERFORMED 21c HOW INJURY OCC 211 LOCATION STREET 19 that in (my) (our) opin GREE ATTENDING PHYSICIAN 276 ADDRESS	200 AUTOPSY YES NO OURRED (ENTER NATURE CO IOTHORITION OF TO OUR AUTOPSY A MEDICAL DIRECTOR P ARY 23d. LOCATION CITY OR TO CITY OR TO CITY OR TO	20b. IF YES IN CERTIF YES IN CERTIF YES OF INJURY IN ITEM 18 POTON IN THE STAFF HYSICIAN STAFF HYSICIAN STAFF HYSICIAN WIN	COUNTY 22C. DATE COUNTY	NGS USED OF DEATH? NO STAT

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

BP.

60061 JUL 2187 The second to a second to be seen a A TUEST PLATE | Cheese Manner, John Es 153 K-W for the first of the second of

0 - 11:

4	FOR STATE REGISTRAR			DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	HYGIENE 8	REG. N	o. i	9 1	1 8
	CEASED NAME	FIRST	MIC	DDLE		AST AST	2e. DATE	OF DEATH	MONTH D	O-GT	2b. HOUR /J
3. SE	, <i>F</i>		RACE		5. DATE O		A AGE	IN YEARS LAST BIR	THOAVI	IF UNDER 1 YEAR	IF UNDER 24 HRS
3. SE	Female	, [`	Blac	R	MONTH		76	IN TEARS EAST BIK		ONINS DAYS	HOURS MIN.
	RTHPLACE (STATE OR COUNTRY) Md	FOREIGN 7b.	CITIZEN OF W	HAT COUNTRY?	8. MARRIEI WIDOWE		= 0.	MORE CITY C	DR COUNTY	OF DEATH	ME
10.C	arr; ottsvil	ATH 11		OSPITAL, NURSING		General Hose	. LE TYPE OF V	ALOCCUPATION OF CONTROL			OF BUSINESS OR
	AL RESIDENCE UP NUR	13b. COUNTY		35 CITY OR TOWN		13d. INSIDE CITY LIMITS		T ADDRESS	ZIP CODE	0	d
14. F	terbert	Do	uniel	Lewis		15. MOTHER'S MAIDEN	NAME	Bel	1	An	ldison
	WAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARME (IF YES, GIVE W		66 SOCIAL SECUE 215-32-14	475	Vernon Ra	ndall	1390	1	ver K	road
	PART I. DEATH V	M (Enter only ovas CAUSED B IMMEDIATE C	Y: R	ne for 101, 161, and		VENTRI Cola	to The	Lycaso	44	BETWEEN PROX	ONSET AND DEATH
	Conditions, if any gove rise to im couse 101, stati	mediote ng the	(p)	AS A CONSEQUE	14C	Amylo:	00815				- A
NOI		NIFICANT CO	NDITIONS CON	NTRIBUTING TO D		NOT RELATED TO THE THE		ASE OR CON		EN IN PART 1:	
CERTIFICATION	190. DATE OF OPERA	TION	19b. CONDITI	ION FOR WHICH	OPERATIO	N WAS PERFORMED	YES [UTOPSY?	IN CERTIF	, WERE FINDII YING CAUSES	
-	216. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED	CAUSE OF DEATH	21b. TIME OF HOUR A.M P.M	. MONTH DA	Y YEAR	21c. HOW INJURY OC	CURRED (ENTE	NATURE OF INJU	RY IN ITEM 18 P	RT 1 OR PART 2)	
MEDICAL	21d. INJURY OCCUR	HILE [21e PLACE OF	F INJURY et, factory, office, fa	ARM, ETC }	211. LOCATION STREET	07	CITY OR TO)WN	COUNTY	STATE
	220.1 certify that (I sow the decease above, (I) (we) (ed olive on	7-16	1901	7 . or	nd that in (my) (our) opi	nion death occu	irred on the d	ate and hour	*	that (I) (we) lost couses stated
	22b. SIGNATURE	10-	(2		DEGREE ATTENDIN	G MEDIC	AL STA	EF _	22c. DATE	SIGNED

should be detoched for use as the burial-transit permit. Then please remove cowith the State Dept. of Health and Mental Hygiene prior to burial, cremation,

morked on frem 18 shows or

MPORTANT: If Item 21 is

TO FUNERAL DIRECTOR, After this certificate has been

etoined by the hospitol

DHMH - 16 60M 7/84 (VRA 15, 4)

23b. DATE 230. BURIAL, CREMATION, REMOVAL Burial 7/14/87

ORIANDO

231. NAME OF CEMETERY OR CREMATORY Crest Lawn Cemetery

CONANAN MI

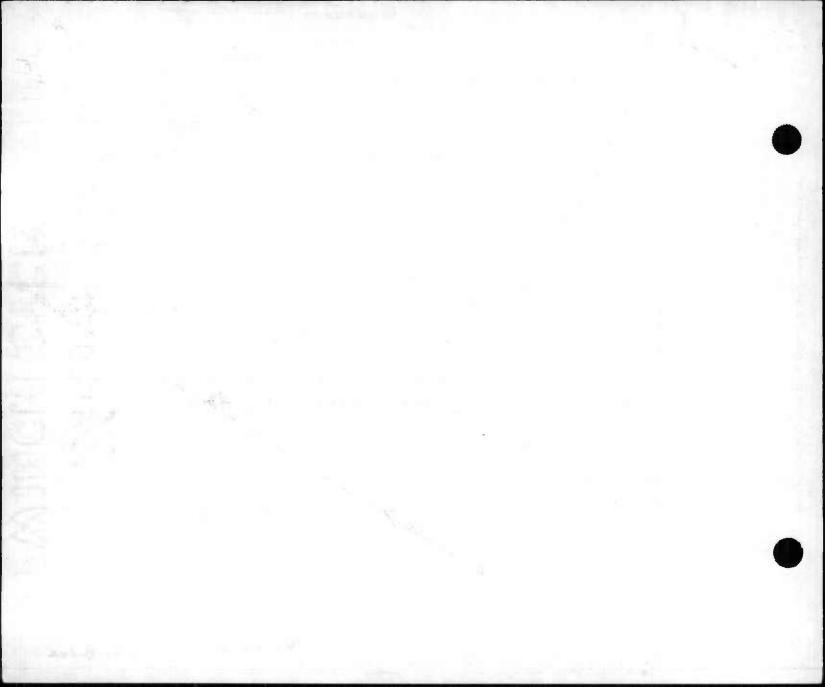
22e ADDRESS

BCGH

RANDALLS TONEN

Marriottsville WAS DISTRARISH REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR March F/H West 4300 ₩abash Avenue MO



ly filled in by the funeral director, page 3 should be filed within 72 hours offer death

STATE OF MARYLAND

	1	FOR		DEPARTMENT OF H	EALTH AND	MENTAL HYG	IENE		
	-1-	STATE SEGISTRAR		CERTIF	ICATE OF	DEATH	8 / REG NO.	9	9
4	1	CASED NAME FIRST	MIDDLE		AST		20. DATE OF DEATH MONTH	DAY YEAR	26. HOUR
	(TYPE	Cathe	- 10	n. 444	4		7.7 4.7	4005	44:40
	3. SEX		rine F.	Redding		_	July 17	1987	11:10X
	J. 3EA			MONTH	H DAY	YEAR	O AGE (INTERNSTRATIONITY	MONTHS DATS	
	/_	Female	White	12	02	1901	85 YR		
1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT C	OUNTRY?	D NEVER	MARRIED 1	9 BALTIMORE CITY OR COU		
1		Maryland	U.S.A.	WIDOWE		NORCED	Baltimore		M
	10 CI.	TY OR TOWN OF DEATH	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY		OR OTHER INS	MOITUTIT	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOSE OF MICE)		OF BUSINESS OR
	1	lowson	Meridian :	Nursing Ce	nter To	owson	Internal Rev		overment
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1			MIDDLE	LAST		FIRST	WIDDLE		LAST
1	16- 14	John J. VAS DECEASED EVER IN U.S. AR	Reddin	CIAL SECURITY NO.	17 INFORM	therine	ADDRESS	O*Dea	<u>a</u>
7			/E WAR OR DATES)	CIAL SECORIT NO.	17 HALOKWI				
4		no	21	5-44-8737		Famil	y Records		
		18 CAUSE OF DEATH (Enter on		to) (b), and ici.)	Α			BETWEE	DXIMATE INTERVAL IN ONSET AND DEATH
	1	PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a)	("neumon	4			d	ays
			DUE TO OR AS A C	CONSEQUENCE OF				1.0	
		Canditions, if any, which	(1b)	ASOU	θ	CNA		8	month
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	CERTIFICATION	190. DATE OF OPERATION	19h CONDITION FO	OR WHICH OPERATIO	N WAS PERF	DRMED	20a AUTOPSY? 20b. IF	YES, WERE FIND	DINGS USED
1	F	The state of					IN CE	RTIFYING CAUSE	ES OF DEATH?
-	E	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJUR		I 21. HOW II	HILIDY OCCUPA	YES NO NO RED (ENTER NATURE OF INJURY IN ITEM	YES	NO 🗆
-		OR CONTRIBUTING CAUSE OF DE	110110 1 11 116		71C.110 W II	NJOKI OCCORI	KED (ENTER NATURE OF INJURY IN HEN	. 18 PART OR PART 2)	
	CA	(IF EITHER, NOTIFY MEDICAL EXAMINER		19					
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJU	ORY, OFFICE, FARM, ETC.)	211. LOCATI	ON	CITY OR TOWN	COUNTY	STATE
	2	AT WORK NOT WHILE							
		22a.1 certify that (I) (this hospi			un	19 79	, to July	1987	, that (i) (we) las
		saw the deceased alive an abave, (I) (we) (did) (did no	gues	1987.0	nd that in (my	(aur) apinian	death accurred an the date and	haur and from th	he causes stated
		22b. SIGNATURE	it) view the body after de		DEGREE			22c. DA1	TE SIGNED
		Dunes Ber	und, mo			ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	209	1997
		228. PHYSICIAN'S NAME (TYPE O	OR PRINT)		22e ADDRE		DIRECTOR PHISICIAN	1	1101
					-				
_	-		lliam Bened				University Park	vay	
		SPECIFY)		23c. NAME OF C			23d LOCATION CITY OR TOWN	COUNTY	STATE
		Burial	7-20-1987	New C	athodr	9]	Doll 44		

DHMH - 16 60M 7/84

BP

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other trau TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the buriol-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, cr

Leonard J. Ruck, Inc. (VRA 15, 4)

25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

5305 Harford Road

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	PEG NO	

291	HH	30	STATE			DUA		ICATE OF DEATH	8 / REG.	NO. 1 9	1 2	2 U
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MI V	1	3. SE	K		4 RACE		5. DATE O		6. AGE (IN YEARS LAST I	IRTHDAY) IF	FUNDER I YEAR	IF UNDER 74 HRS
88)		Female		Wh.	ite	May	12, 1925	62	YRS	INIMS DATS	HOURS MIN.
Po Po	1-		RTHPLACE (STATE OR	OREIGN	76 CITIZEN OF		RY? 8		9 BALTIMORE CITY	1000	OF DEATH	
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P		10 C	TY OR TOWN OF DEA		11. NAME OF	HOSPITAL, NUI	RSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPA	TION	126 KIND OF	BUSINESS OR
T TO	10		Edgemone			Month D		- A	(TYPE OF WORK FOR MOS	OF WORKING LIFE)		Chanl
Se of	7	USU.	Edgemere	ING HOME OF	OTHER INSTITUTION		FORE ADMISSION)	au	Clerk		Beth.	Steel
3	1	130 5	STATE	13b COU		13c. CITY OR T		136 INSIDE CITY LIMITS?	13e.STREET ADDRESS			
1	4	th C	Maryland THER'S NAME	Balt	imore	Edge	mere	YES NO XX	7613 Nor	th Poin	t Road	21219
1	31	7	FIRST		MIDDLE	LAST		FIRST	WIDDLE		LAST	
/9	10	_	Earl			Kan		Ruth	100	2555	Patt	cerson
dice	/		VAS DECEASED EVER		MED FORCES?	166 SOCIALS	ECURITY NO.	17 INFORMANT	ADD	RESS		
E			No			219-1	8-4188	William M.	Reed 7613	North P	oint Ro	oad 2121
th			18 CAUSE OF DEAT	H (Enter or	ly ane cause per	line for (a), (b)	, and Icil	1	V		APPROXIM BETWEEN OF	NATE INTERVAL
EX				IMMEDIA	TE CAUSE (a)	neta	STATIC	lung car	w	1-7%	10	no they
please being on			underlying cause PART 2 OTHER SIGN		(c)	R AS A CONSE		NOT RELATED TO THE TER	RMINAL DISEASE OR CO	NDITION GIVE	N IN PART 1/a	
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UNID-EWD	9	CERTIFICATION	190 DATE OF OPERA	ION	196 COND	ITION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING ING CAUSES C	
470	1	CER	210. ACCIDENT WAS UND	_		FINJURY M. MONTH	DAY VEAD	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF IN	JURY IN ITEM 18 PAR	T I OR PART 2)	
0 6	4	AL	OR CONTRIBUTING		4117	M. MONTH	DAT TEAR					
10	/	MEDICAL	21d INJURY OCCUR	RED		OF INJURY		211 LOCATION	CITY OR		COUNTY	STATE
Post		2	WHILE AT WOT WE AT WO	IILE	(AT HOME ST	REET FACTORY OFF	ICE, FARM ETC)	STREET	CHAON	OWN	COUNIT	STATE
mar			220.1 certify that (1)		tal) attended th	e deceased fro	m 7	10 8	10 7/2	١٥ ع.	87 1	nat (I) (we) last
H. P.		115	10w 7b87xinceos	ed over the	3/5	4	Cr-	nd that in (my) (our) opinio	n death occurred an the	date and hour o	and from the co	ouses stoted
1			27h SIGNATORE /	tid lidid no	Friew the body	ofter death		DEGREE			22c. DATE S	
土			1	Th	-11			ATTENDING	, MEDICAL _ ST	AFF	4	2/67
N	1		22d PHYSICIAN'S N	1115	mon			PHYSICIAN	DIRECTOR PHYS	ICIAN	145	3187
APORTA			Ann C.	ME (TYPE C	all	457		27e ADDRESS	N. Point	Bud 1	Butt	M
8	1	230. 6	SURIAL, CREMATION, SPECIFY Cremati	removal on	236 DATE 7-23	3-87 2	Westvi	EMETERY OR CREMATORY	Baltimo	re Mary	l'and	STATE
		24 F	JNERAL DIRECTOR	Duda-	Ruck Fu	neral H	ome of	Dundalk 25q P	NE REC'D BY REGISTRA	R 256 REGISTRA	AR'S SIGNATU	IRE
۸ 7. (۱)	64		NAME	7922	Wise Av	e. Dund	alk, MI	21222	L 4 9 198/	Alia 10	in Pe	1
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FOR

STATE OF MARYLAND

HEALTH AND MENTAL HY	GIENE			-		. 3
IFICATE OF DEATH	6	1	REG. NO.	9	1	Lan
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29	1.	FOR STATE REGISTRAR		DEPART		ICATE OF DEATH	8 / REG. N	.19		2 1
		EASED NAME FIRS	ST .	WIDDLE	ı	AST	20 DATE OF DEATH	MONTH D	DAY YEAR	2b. HOUR
		Paul		Lee	RE	NSHAW			1987	4:55A
3	3. SEX		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		FUNDER 1 YEAR	HOURS MIN
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	co	THPLACE (STATE OF FOREIG		OF WHAT COUNTRY USA	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY			
-		ryland			WIDOWE	DR OTHER INSTITUTION	Baltimore			OF BUSINESS C
1	Ros	ssville	Frank	Isuch Facility, Give STREE	e Hosp:	ital	Retired	OF WORKING LIFE		& E.
5	Mar Mar	ryland B	county altimore	13t. CITY OR TO	DRE ADMISSION) WN	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS 4222 Darn	/ ZIP CODE ell Rd	. 2123	6
0	4. FATI	HER'S NAME William	MIDDLE .	Rensha	aw	IS. MOTHER'S MAIDEN NA Lillia	n K.			rnett
П	60 WA	AS DECEASED EVER IN U.	S. ARMED FORCE			17 INFORMANT	ADDR		7 3	03074
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0	-	cause (a), stating t underlying cause la	ANT CONDITIONS TY OF MY	contributing to	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	20b IF YES	, WERE FIND YING CAUSE	INGS USED S OF DEATH?
-	CERTIFICATION	PART 2 OTHER SIGNIFIC Histo 9a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYIF OR CONTRIBUTING CAUSE	ANT CONDITION: TY OF MY 196 CO 196 CO 196 CO 196 CO 196 CO HOUR HOUR	S CONTRIBUTING TO CONTRIBUTING	DEATH BUT nfarct h operatio	NOT RELATED TO THE TERM	VINAL DISEASE OR CON 200 AUTOPSYP YES \(\begin{array}{c} NOXIX	20b IF YES IN CERTIFY	, WERE FIND YING CAUSE	INGS USED
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-	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFIC Histo 9a Date of Operation 9a Date of Operation OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX 21d INJURY OCCURRED WHITE NOTIFY MEDICAL EX 22d I Certify that the Saw the deceased of above the deceased of above the control of the same of the control of t	ANT CONDITION: TY OF MY 196 CO 196 CO 196 CO 196 CO 197 CO 198	S CONTRIBUTING TO CAPTIAL I DOTTON FOR WHICH E OF INJURY A.M. MONTH P.M. CE OF INJURY E. STREET FACTORY, OFFICE the deceased from	DEATH BUT Infarct H OPERATIO DAY YEAR 19 E FARM. ETC.) 37, 01	NOT RELATED TO THE TERM ZION N WAS PERFORMED 211. LOCATION STREET 19. 87 and that in mark (aur) apinion DEGREE ATTENDING PHYSICIAN [200 AUTOPSY? YES NOXX RED (ENTER NATURE OF INJU-	200 IF YES IN CERTIFY YES URY IN ITEM 18 PA	WERE FIND YING CAUSE S COUNTY COUNTY To and from the	INGS USED S OF DEATH? NO STATE
1	MEDICAL CERTIFICATION	Cause (a), stating to underlying cause lo PART 2 OTHER SIGNIFIC Histo 9a Date of Operation 21a. Accident was underlying Or Contributing Cause (IF Either Notify Medical Ex- 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a I certify that this saw the deceased of above. We did Not 22b. SIGNATURE 22d PHYSICIAN'S NAME JOSeph Ka	ANT CONDITION: TY OF MYC 196 CO 196 CO 196 CO 196 CO 197 CO 198	CONTRIBUTING TO CAPCIAN AM. MONTH P.M. CE OF INJURY A.M. MONTH P.M. CE OF INJURY E. STREET FACTORY, OFFICE Of the deceased from 22 pody after death.	DEATH BUT INFARCT H OPERATIO DAY YEAR 19 E FARM. ETC.) 3 July 87, or	NOT RELATED TO THE TERM ZION N WAS PERFORMED 211. LOCATION STREET 213. 19 87 nd that in the (aur) apinion DEGREE ATTENDING PHYSICIAN [220. ADDRESS 9000 Frankli	AINAL DISEASE OR CON 200 AUTOPSYP YES NOXX RED (ENTER NATURE OF INJU CITY OR TO 10 July 22 death accurred an the d MEDICAL STA DIRECTOR PHYSIC	20b IF YES IN CERTIFY YES URY IN ITEM 18 PA	WERE FIND YING CAUSE S COUNTY COUNTY To and from the	STATE that we) lace causes stated
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DHMH - 16 60M 7/B4

to FUNERAL DIRECTOR should be deteched for v with the State Dept. of Hs MPORTANT, # B

(VRA 15, 4)

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filled in by the funeral director, page 3 gard be filed with 77 hours after death

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and a should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

O HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

injury, or other troumotic event, the

IMPORTANT: If Item 21 is morked or Item 18 shows

within 24 hours ofter death

1 - STATE

3. SEX

REGISTRAR

I. DECEASED NAME
(TYPE OR PRINT)

FIRST

4. RACE

Hone

Female

MIDDLE

AUCUSIUM

	ST	A	TE	OF	M	ARYL	AND
×	-				201		

5. DATE OF BIRTH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DAY

YEAR

01

REG. NO

MONTH

26. HOUR

YEAR

87

IF UNDER 1 YEAR

11

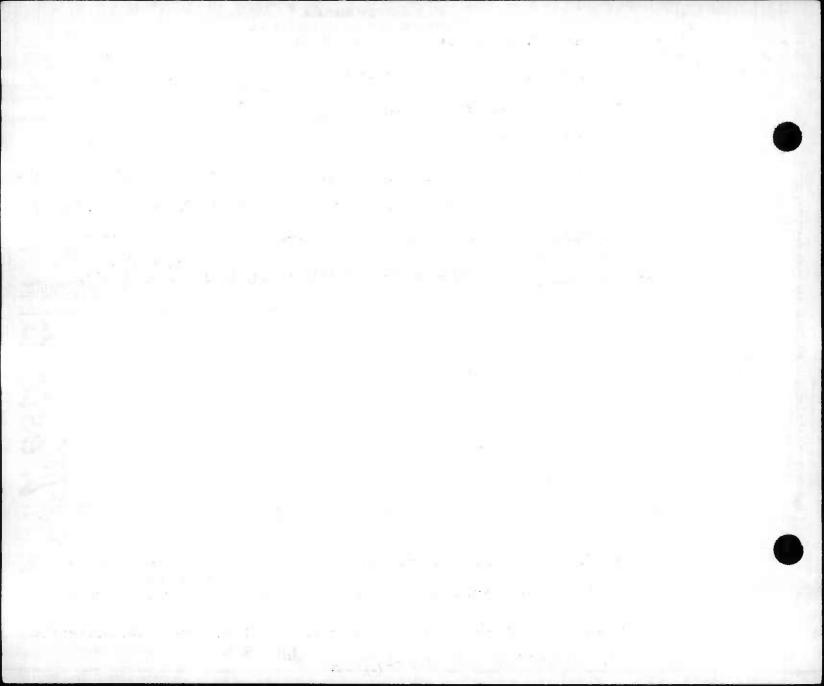
20. DATE OF DEATH

6. AGE (IN YEARS LAST BIRTHDAY)

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	COUNTRY) Maryland	OREIGN	USA		ARRIED	NEVER MARRIED	Baltim	ore Cou		MD.
10 C	10WSOn	ATH			OME O	R OTHER INSTITUTION	12e USUAL OCCUPAT (TYPE OF WORK FOR MOST Propriet	OF WORKING LIFE)	126 KIND OF BUSI INDUSTRY Liquor St	NESS OR
13a :	al residence in nurs state ary land	136 COUN		GIVE RESIDENCE BEFORE ADM 13c CITY OR TOWN TOWSON		13d. Inside City Limits?	130.STREET ADDRESS 2300 Dul	/ ZIP CODE aney Va	lley Rd.	2120
14. F	Martin F.		niddle N	LAST		15 MOTHER'S MAIDEN NAME ERST			LAST	
	WAS DECEASED EVER YES NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	215-09-988		James J. Qui	nn.	Same		
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	BURIAL, CREMATION, (SPECIFY) Burial	REMOVAL	July 1	23c. NAM		emetery or crematory athedral	23 LOCATION CITY OR TOWN Baltim		OUNTY V. Marvla	STATE
	uneral director Ltchell-Wie	edefel	d Home,	Inc. Balt	500	IUIN NU	L 16 1987			ALB.

1		19 11				STAT	E OF MARYLAND				
	/ ,	FOR				RTMENT OF H	EALTH AND MENTAL HY	GIENE	0 1	1 2	S
7 1 75 119	K	- STATE REGISTRAR	Anna	E. Rey	nolds	CERTIF	ICATE OF DEATH	8 / REG. N	7	600	
1 1 1 400		DECEASED NAME			MIDDLE	ı	AST .	120 DATE OF DEATH		AY YEAR	2b HOUR
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<u> </u>	3.	SEX		4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIR		ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
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filled in	5	SUAL RESIDENCE	112h COLL		13c. CITY OR Balt	EFORE ADMISSION) TOWN TIMORE	136 INSIDE CITY LIMITS?	330 South	ZIP CODE Ful to	n Ave.	(21223)
sh sh	14.	FATHER'S NAME					15 MOTHER'S MAIDEN NA				
and Sand	1	FIRST	Joseph	MIDDLE	Cocnav	itch	FIRST Dora	MIDDLE		Both	
-	14	a WAS DECEASED		RMED FORCES?		ECURITY NO.	17 INFORMANT		ESS		
Poges	2	(YES, NO OR UNKNO		IVE WAR OR DATES)						le,MD 2	
, e	_	Nb			212-2	8-1084	Dorothy Nol	an, 911 Cote	SWOOD	Circle	
ysici sper vol t, th		18 CAUSE OF	DEATH (Enter o	nly one couse per	line for (a), (b	ond ic				BETWEEN	MATE INTERVAL DISET AND DEATH
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perm ne p	9	2 In DATE OF	OFERATION.	176 CO140	IIIOI4 FOR WI	IICH OF ERATIO	,		IN CERTIFY	ING CAUSES	OF DEATH?
how -	4							YES NO	YES		NO []
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of to n 2 i				nnot) view the body	after death.			- dearn accorred on the o	ore one nour		
Dept Plem		226. SIGNATU	JRE	100			DEGREE			22c DATE	SIGNED
		la	lla h	4. alle	Man	devi	ATTENDING PHYSICIAN	MEDICAL STA		7.	11.87
Stote de		22d PHYSICIA	IN'S NAME (TYPE	OR PRINT)				la Maris Ho			
should be det with the State IMPORTANT:		C	arla S.	Alexande	er, M.D	•	Dulaney Val		1	MD 212	204
Sho Mil	23	Ba BURIAL, CREMA					EMETERY OR CREMATORY	23d LOCATION			
	1.	(SPECIEY)	cial	7/15/				CITY OR TOWN		COUNTY	STATE
	2,	FUNERAL DIREC		1/13/	0/	Gien H	even Mem. Pk.	I Glen Bur	110 A	A.CO. M	aryland
16 60M 7/84	4	NAME		4007 5 11	ADDR	ESS	. Inn	TEREGID. BY REGISTRAN	was god	argesto Con	1
A 15, 4)		George J	. Gonce,	4001 Rit	chie H	J.,Balt	more MD P		l		-
	-					12	11/12/				



the funeral director, page 3 ed within 72 hours after death

signed by the attending physicion and c hen please remove carban papers. Pages a burial, cremation, or removal.

njury, or ather traumotic

morked of hem 18 sho

IMPORTANT: If Hem 21 is

STATE OF MARYL

FOR

AND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

RE RE	EGISTRAR				CERTIF	ICATE OF DEATH	8 /	REG. NO.	9 8	Em	4
I. DECEA	ASED NAME	FIRST	A	AIDDLE	i	AST	2a. DATE OF DI	EATH MONT	H DAY	YEAR	26 HOUR
ACTIFECE	PRIPTI	Marie	Wea	kland	R	hodes	10.1	7	12, 1	987	3:15 A _M
3. SEX			4 RACE		5 DATE C		6. AGE (IN YEAR	S LAST BIRTHDAY)	IF UNE	DER I YEAR	IF UNDER 24 HRS
	Female		White	2	6 MONTH	28, 1899	88	,	YRS	DAYS	HOURS MIN.
	PLACE (STATE	E OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.		9 BALTIMORE			EATH	
_	nsvlvar	nia	U.S.F	۸.	WIDOWE	D NEVER MARRIED D	Baltin	nore Co	untv		MD
	OR TOWN OF		11. NAME OF	OSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a. USUAL OC	CUPATION	121		F BUSINESS OR
	llers		31430	otter Ro	ad/2	1107	(TYPE OF WORK FO	_		Hosp	ital
USUAL R		NURSING HOME O		GIVE RESIDENCE BEFORE		113d INSIDE CITY LIMITS?	13e.STREET AD	DRESS / ZIP	CODE		21107
Mar	yland	Balt	imore	Millers		YES NOXX	3143 Cc			ller	s, Md.
14. FATH	ER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA		WIDDLE			
	Samuel		MIDDIE	Rhodes		Matilda		NIDDLE	,	Weak	land
léa WAS	DECEASED E		MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS		21	107
	NO OR UNKNOWN	(IF YES, GI	VE WAR OR DATES)	212/32/0	040	John C. Rhoo	les 3143	Cotter	Rd.	Mill	ers, Md.
C 99 c U	Conditions, if gove rise to ouse (0), s anderlying co	IMMEDIA ony, which immediate tating the base lost.	DUE TO, OI	r as a conseque R as a conseque	NCE OF	lar accide ular fibre NOT RELATED TO THE TERM	llation	or conditio	IN GIVEN IN	6	MATE INTERVAL ONSET AND DEATH
CERTIFICATION 51	DATE OF OP	ERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPS		IF YES, WER CERTIFYING YES [NGS USED OF DEATH?
	B. ACCIDENT WAS R CONTRIBUTING (IF EITHER NOTIFY	CAUSE OF DE	AIR	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATUR	E OF INJURY IN IT	EM 18 PART I O	R PART 2)	
A A	MILE NO	OT WHILE T	21e. PLACE ((AT HOME, STR	OF INJURY LEET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET	C	CITY OR TOWN	c	OUNTY	STATE
22	sow the dec	eosed alive or	and the same of	e deceased from	A	nd that in (my) (our) opinion	death occurred o		nd hour and		that (It (we) last causes stated.
22	b. SIGNATURE	hard	Fr. Mo	huson,	m	DEGREE ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIAN (7-1	SIGNED / 2 - 87
22	RICH		F. Re	BINSON	/	Mesu Fr	reedom	Fa	2, 1	73	49
23a BUR	IAL, CREMATI	ON, REMOVAL	236 DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION		cou	INTY	STATE

DHMH - 16 60M 7/84

BP.

TO FUNERAL DIRECTOR, after this ce should be detached for use as the busi-with the State Dept. of Health and Mer

(VRA 15, 4)

Cremation
24 FUNERAL DIRECTOR 7/13/1987 Green Mount Crematory Baltimore, Maryland 21202

250 Date REC'd. By REGISTRAR'S SIGNATURE

JUL 1 4 1987 Walter Brooks Bradley, Inc. Balto., Md. 21222

Total 1035 100

poge 3

REGISTRAR I. DECEASED NAME

STATE OF MARYLAND

GIENE

DEPARTMENT	OF HEAL	TH AND	MENTAL	HY
CE	RTIFICA	TE OF	DEATH	
	LAST			_

MIDDLE

REG. NO.	7	1 64	-	
DATE OF DEATH MO	INTH DAY	YE AR	2b. HOU	R
July 4,	1987		114	P
GE (IN YEARS LAST BIRTHO	AY) IF UN	DER I YEAR	IF UNDER	2 HRS
	MONI	HS DAYS	HOURS	MIN.

(TYPE OR PRINT)								12.				1116	43
	Cathe	erine	Klappro	th	Richt	er		July	4,	19	987	11/	F
SEX		4 RACE		5. DATE C				6. AGE IN YEAR	S LAST BIRTH	IOAY)	MONTHS DAY		ER 2 HI
Female		Whi	te	Oct	ober 2	, 18		94		YRS	MONTHS DAY	S HOURS	MI
BIRTHPLACE (STATE OR	FOREIGN	16 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER	MARRIED		9 BALTIMORE	CITY OR	COUNT	Y OF DEATH		
Maryland		U	SA	WIDOWE		NORCED		Balti	more	Cou	inty		1
CITY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		OR OTHER IN	OITUTITE	7	12a USUAL OC				OF BUSIN	VESS C
Dundalk		Eastp	oint Nurs	ing C	enter			Execut	ive I	lous	ekeepe	r Hot	tel
JSUAL RESIDENCE (# NUR 30. STATE	13b COU	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d INSIDE	CITY HAI	TS?	13e STREET AD	DRESS /	ZIP COD	2/20	O Ch	ain
Maryland	Balt	imore	Dundalk		YES [NO D	k	1046 (old N	lorth	point	Road	
L FATHER'S NAME		WIDOLE	LAST		15 MOTHE		NNAM	ΜE					
August		MIDOLE	Klapproti	า	Anı	1a	٠,	Ma	rie			hard	t
WAS DECEASED EVER		RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORM	ANT			ADDRES	S			
No	(IF TES, G	THE WAR OR GATES!	219-07-9	716	Harry	L.	Ric	hter,4	Mulli	ngai	Cour	t, #10	2
IL CAUSE OF DEA	TH (Enter o	nly one cause pe	r line far (a), (b), and	(cu)	Timor	ium.	Ma	ryland	2109	13	APPRO	DXIMATE INT	ERVAL

INO		219-07-9710	Inarry L	. Kichter, 4 Mullingal	r Court, #102
PART I. DE ATH W	H (Enter only one cause per AS CAUSED BY: IMMEDIATE CAUSE (a)	line for (a), (b), and (c).)	Timonium		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	which (b)	R AS A CONSEQUENCE OF	CVD	,	
PART 2. OTHER SIGN	VIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMINAL DISEASE OR CONDITION G	IVEN IN PART Ita

19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX

218, ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER) 211. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY

NOT WHILE 220.1 certify that (1) (this hospital) ottended the deceased from saw the deceased alive an_

and that in (my) (our) opinian death accurred on the date and have and from the causes stated 226 SIGNATURE DEGREE 27c DATE SIGNED

ATTENDING

PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

Paul A. Valle, Jr.

1012 Old Northpoint Road, Balto., Md. 21222

MEDICAL STAFF
DIRECTOR PHYSICIAN

CITY OR TOWN

23a BURIAL, CREMATION, REMOVAL 23t. NAME OF CEMETERY OR CREMATORY (SPECIFY) Catonsville, Balto. Co., Maryland 7/6/87 Westview Memorial Pk Cremation

22e. ADDRESS

24 FUNERAL DIRECTOR

AT HOME, STREET, FACTORY OFFICE, FARM, ETC.)

Martin D. Lawson, 10 W. Padonia Road, Timonium

BY REGISTRAR 256 REGISTRAR'S SIGNATURE 25a. DATE REC'D.

COUNTY

STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

CERTIFICATION



Many map is a firm relies of

		-						F MARYLA						
1611	424 JUL	30-	R ATE		AAF		MENT OF HEA			0 -1	16	3 1	26	
- 1		1. DE	REGISTRAR CEASED NAME	FIRST	7712	MIDDLE	EAAMINER	3 CERTIF	ICATEO		REG. NO	<i>9.</i>	DAY YEAR	2b HOUR
	W - AM. S		PE OR PRINT	HADDIO	TACE			DTONIO	JR.	OF	ESTI- MATED	•		ZD HOUR
	EASI TOR TILES DUR	3. SE	([4]	HARRIS RACE	S. DATE OF BIRTH	J.	6 AGE (IN YEARS	RIDER FUNDER 1 YR				MONTH	27 19 87	2d HOUI
	REC JR F ST ST				MONTH DAY	YEAR	LAST BIRTHDAY)	AONTHS DAYS	HOURS	MIN PRONOL	INCED			3:15
	N YOUNG	7a B	MALE INTERPLACE (STATE	WHITE	11-12-]		66 YRS.			9 BAITE	MORE CITY O	P COUNT	27 19 87	PN
	S S S S S S S S S S S S S S S S S S S		MD.			U.S.A	M	ARRIED X		ED 🔲	_			
	I IS NRCESSARY, PLEASE HE FUNGRAL DIRECTOR. SE 5 POR YOUR FILES. LED, MITHIN 72 HOURS DIWN, PARSON STREET,	10. C	TY OR TOWN OF	DEATH	II. NAME OF HO		JRSING HOME, OR		DIVORCE	120. USUAL OCC	LIMOTE UPATION (TYPE		LY 12b KIND OF BUS	MESS
90	ZES IN	1	Glen Arm		5700 Sh			(and		FOR MOST OF WO	DRKING LIFE)		OR INDUSTRY	
1	NY DEL	USU	AL RESIDENCE (IF)		R OTHER INSTITUTION, C	IVE RESIDENC	E BEFORE ADMISSION)						A.S. ABE	بليل ر
21201	N S I S I S I S I S I S I S I S I S I S	130. 5	MD.	BAL	TTMORE		OR TOWN	13d. INSIDE		5700 SH		RIVE	21057	
MD.:	A. S.	14. F	ATHER'S NAME						HER'S MAIDE			142		
E. A	EST SEST	1	HARRISON		J.	RTDE	ER SR.		GRACE		MIDDLE		CAREY	
MOI	S I S I	16a. \	VAS DECEASED E	VER IN U.S. ARA	MED FORCES?		CIAL SECURITY NO	. 17 INFO		-	ADDRESS		CHU1	
BALTIMORE.	AFE NH FC AGE AGE		NO	(11-163, 0146	WAR OR DATES)	212	2-01-5630	LOR	NA RID	ER (WIFE) SAME	ADDR	ESS	
	WIR GI		18 CAUSE OF D	EATH (Enter an	y ane cause per lin	e far (a), (b), and (c).)						APPROXIMATE I	INTERVAL AND DEATH
N S	PL HO DNG DNG PERM FERM		PARTIDEAT	H WAS CAUSED IMMEDIAT	E CAUSE (a)	Gunsh	ot wound	of head	d and	left arm	(hando	run)		
ESTO	IN 24 IN ITE	150	Conditions	M. marri militali	DUE TO, O	R AS A COI	NSEQUENCE OF							
D.	WITH AINER TRAN TRAN OR RE/	1	gave rise	if any, which to immediate	(b)								-	
W I	OF STAN		lying cause l	ating the <u>under</u> -	DUE TO, O	R AS A COI	NSEQUENCE OF							
5, 2	35 75 20		PART 2 DENIES CICANI	DICART COMPUTANC	(c)									
RECORDS, 201 W. PRESTON ST.,	E A A B CON	z	PART 2 UTNER SIGNIF	FICANT CUNDITIONS	CONTRIBUTING TO DEATH	BUT NOT REL	ATEO TO THE TERMINAL O	ISEASE OR CONDIT	ION GIVEN IN PAR	IT 1 (a).				
EC	PED AT A LEALY A LICENTAL A LICEN	CERTIFICATION	19a, DATE OF OF	PERATION	TIPE COND	ITION FOR	WHICH OPERATIO	N WAS PERFO	DRMED?				20 AUTOPSY?	
TAL	OS#28%.1	5	F 1 3										Head_Or	nly
DIVISION OF VITAL	S O B T B L	1	210. EXTERNAL C	AUSE WAS	216. TIME C		. 2	Ic. HOW INJUR	RY OCCURRE	D (ENTER NATURE OF I	NJURY IN ITEM 18 P	PART I OR PAR	1 4.0	NO []
N	TO THE WASTINGTON TO THE WASTI		UNDERLYING CONTRIBUTING	X OR		7	27- 1987	Self-in	nflicte	ed .				
ISIC	ERTII NG TO TO	MEDICAL	21d INTURY OCC	TURRED	21e PLACE	OF INJURY	(AT HOME, 21	LOCATION						-
á	SERRES	\$	WHILE AT WORK	T WORK		rage		700 Sha	aron D	r., Glen		Baltin		MD
	RE THI DRWA RE PAC E STA D, 217				e af the remains de	scribed abo	He	ad Only	Inspection			nd in my ap		
	EXAMINER: CERTIFICATION BE FOR DIRECTOR: J. DIRECTOR: J. WITH THE MARYLAND		death resulted t	-	al causes .	Accident	Suicide		nicide .	Undetermined n		o iii iiiy ap	mon	
	EXAMI CERTIFI ULD BE DIRECT WARYL			1					(SPECIFY)					
	AL PALE		ACTUAL SIGNATURE		X	X		_ _{M.D.} Der	outy Cl	nief MEDICAL EXA	MINER	DATE	7-28-8	87
	NEA SI		EXAMINER'S NA	LE JOHN	No Diameter	1								
	TO MEDICAL EXAMI EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH BALTIMORE, MARYL		(TYPE OR PRINT)		M. Dixon			ADDRESS		enn St.,	Balto.	, MD	21201	
	EDSE49	230 B	URIAL, CREMATIO	N, REMOVAL 2	3b. DATE		NAME OF CEMETE		TORY	23d. LOCATION		COUN		
07/84 25M	BP	24 E	BURIAL	iR.	7/30/87		ST. JOHN'S	S	1250 DATE D	HYDES REC'D. BY REGISTR	7	STP A D'C C	MD.	
	DHMH - 17	24. 1	NAME SCHIM	UNEK FU	NERAL HO	Œ, I	VC.		IIII '	5 1 1987	AR ZJE REGIS	MICHAE S SI	Markon	No.
	(VR A15 ME (5))		9705	Belair	Rd., Balt	0. M	1. 21236		JUL	0 - 1001	U			

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

1			1	9
1	REG.	NO.	1	

0	- 2	2	- 1
9	- 1	Same .	-

-4	HA GISTRAR			CLKIII	ICATE OF DEATH	REG. N	0.	A PAR	
1 DE	CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH		DAY YEAR	26 HOUR
_									5:201. M
3 SE	X	4. RACE	5	DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	HOURS MIN.
	+	N		4-		79	YRS		
70. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8	14 4 D D IS	NEVER MARRIED	9 BALTIMORE CITY C	R COUNT	Y OF DEATH	
N	EW YORK	U. S		WIDOWE		BALTIM	ORE	COUN	TY - MD
10. C	ITY OR TOWN OF DEATH		HOSPITAL, NURSING	HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINESS OR
1	BALTO.	HOLLY	HILL MAN	HOR	MURSING HOM	CUALITY	ONT	RAD RAD	10 Co.
130	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU		130 CITY OR TOWN		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP COD	DE .	
	Mp.	_	BALTO	,	YES NO	6500 GL	ENO	AK AV	E- 21216
H F	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ΛE			
/	HERMA	N K	UTTER		FIRST	NA		IAS	
	WAS DECEASED EVER IN U.S. A		166 SOCIAL SECURIT	TY NO.	17 INFORMANT	ADDRI	ESS	~ ^	21214
	IIS NOOR UNKNOWN) (IF YES, G	VE WAR OR DATES)	214-20-68	818	lope dethe A. R	reger 6	500	Gleno	
NO	PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate couse iol, stating the underlying couse lost PART 2 OTHER SIGNIFICANT	DUE TO, O	HTHERIDSC RAS A CONSEQUENT RAS A CONSEQUENT ONTRIBUTING TO DE	CE OF		/	DITION GI	Jeu	
CERTIFICATION	190 DATE OF OPERATION	19b COND	ITION FOR WHICH OF	PERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDIN	
MEDICAL CER	71a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE LIFEITHER NOTHY MEDICAL EXAMINE	ATH HOUR A.	E OF INJURY A.M. MONTH DAY YEAR P.M. 19		21c HOW INJURY OCCURR	RED {ENTER NATURE OF INJURY IN ITEM 18			
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME STI	OF INJURY REET, FACTORY OFFICE FARA	M ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	220.1 certify that (II) the hop saw the deceased alive or above, in (we) ideal into 226.5 IGNA NUME	Jim	19	, or			ote and ho		
	Mare I.	Leavey	M		7600 Oxler	Price #2	15-	Towner	21204

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

23¢ NAME OF CEMETERY OR CREMATORY EM.

10ms Du MD

STATE

23b. DATE MEADOWRIDGE 8-3-87

DHMH - 16 60M 7/B4 (VRA 15, 4)

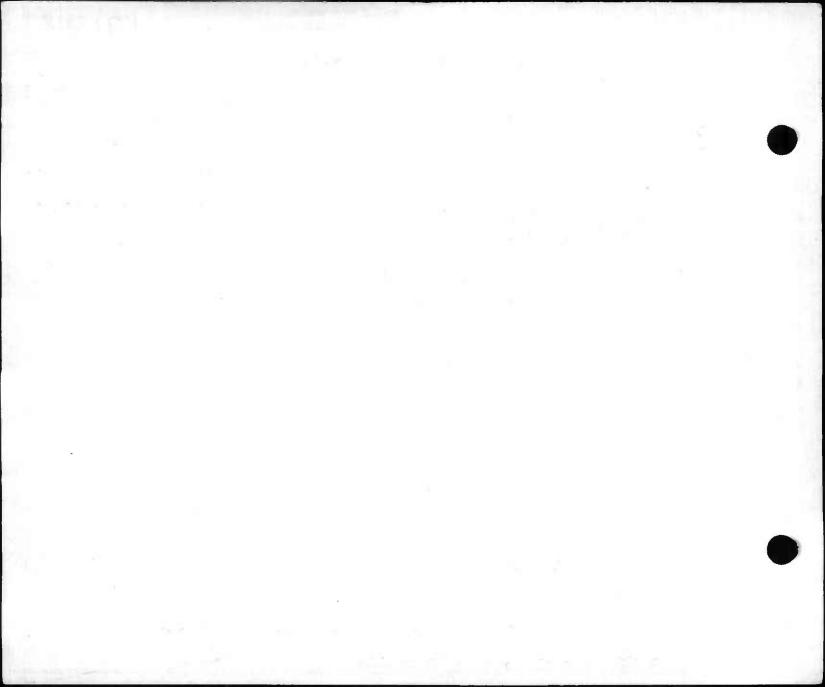
BP.

24 EUNERAL DIRECTOR

AUG 3 1987 Julia Dinigrative Las AUG 3

Control of the Contro

Sorne w		REGISTRAR	er FH SB	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYGH ICATE OF DEATH	ENE 8 REGINO		913	28
e 4 may be ctar, page 3 s offer death	{TYPE	CEASED NAME FRENT!	lliam Mon Micha	BU	AST RILEY	E DATE OF BEATT	MONTH BAY	87	9 pm
Page 4 mi director, p hours offer	3. SE	male	White	S DATE C		AGE (IN YEARS LAST BIRTH	MON YRS		OURS MIN.
ter deam Po he funeral dir within 72 hou	V	OUNTRY)	6 CITIZEN OF WHAT COUNTRY?	WARRIE		Baltimore City o	Himo	rE C	sunty MD
	C	ctonsville	11. NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY, GAYE STREET SPECIAL COLOR	ADDRESS] /	tosp. Center	12e USUAL OCCUPATE (TYPE OF WORK FOR MOST OF COOK		INDUSTRY _	eusinessor -Emploj
un 24 hour y filled in I should be f et mussibe	130	AL RESIDENCE (IF MURSING HOME OR OF COTATE 136, 20UNT	ord abertee	M		4 Pritcha	ard Av	enue 2	21001
ompletely and 2 s		Alexander I			os mother's malden name of the contract of the	stine MIDDLE		ileÿ̈́	
be execu on and co s. Poges		vas deceased ever in U.S. arm res, noor unknown) NO	AED FORCES? 166 SOCIAL SECTION OR DATES)	4864 4864	MS. NAUI	SRN ADDRE	56,1	40.	
physics on paper emoval event, the		18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED IMMEDIATE		el C	willowa (E) Killy		SETWEEN ON	SET AND DEATH
death ce otherding over carb from, or r aumoric		Conditions, if any, which	DUE TO, OR AS CONSEQU	ENCE OF	reg -				
		gave rise to immediate cause tot, stating the underlying couse last	DUE TO, OR AS ACONSEOU	DE OF					
	NO	PART 2 OTHER SIGNIFICANT CO	onditions <u>contributing to</u>	DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR COND	OITION GIVEN	IN PART 1(a)	
the law r	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, W IN CERTIFYIN YES	ERE FINDING G CAUSES O	S USED F DEATH? NO
SCIAN 1 og physic certicole rigitization entigitization		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M MONTH D	AY YEAR	21c HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	OR PART 2	
offer five offer five or the bu	MEDICAL	214 IN JURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC	21f LOCATION STREET	CITY OR TOW	N	COUNTY	STATE
OTTENDS of Health		220 Certify that (I) (this haspite sow the deceased alive on above, (I) (we) (did) I did not)	6-LY 194	56.	nd that in (my) (our) opinion de	eoth occurred on the do	te and hour an		at (I) (we) lost uses stated
y the ho rAl DIRE- detoched one Dept		276 SIGNATURE	MULL		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		DATE SE	GNED 14/17
O HOSPITAL TO FUNERAL MODIFICATION TO FUNERAL MACORTANI:	ľ	121d PHYSICIAN SNAME ITYPEON	A. HEREDI.	A	SPLING GA	are Hu	Pitan	GEN	TEL
BP	23e (URIAL, CREMATION, REMOVAL BURIAL	1		emetery or CREMATORY athedral Cem	23d LOCATION CITY OR TOWN Baltimo		INTY	STATE Md.
DHMH-16 20M (VRA 15, 4) 7/78		ineral director LCNabb Funera	ADDRESS		25e DATE	26 1987	SW. RECHSTRAN	SSIGNIMIC	



completely filled in by the luneral director, page 3 i 1 and 2 should be filed within 72 hours after death ecuted within 24 hours ofter death. Page 4 may be 10 FUNERAL DIRECTOR: After this certificate has been signed by the attending bitysecor and constant the state of the corbon papers. Pages 1 with the state Dept. of Health and Mental Hygiene prior to burial, cremation, or remarkal. TO HOSFIFEL OR ATTENDING PHYSICIAN. The low requires that the death certificate be retained by the hospital or ottending physician.

visibe notified by once.

IMPORTANT: If hem 21 is marked at Hem 18 shaws ony injury, or ather troumatic event, the medical

05861

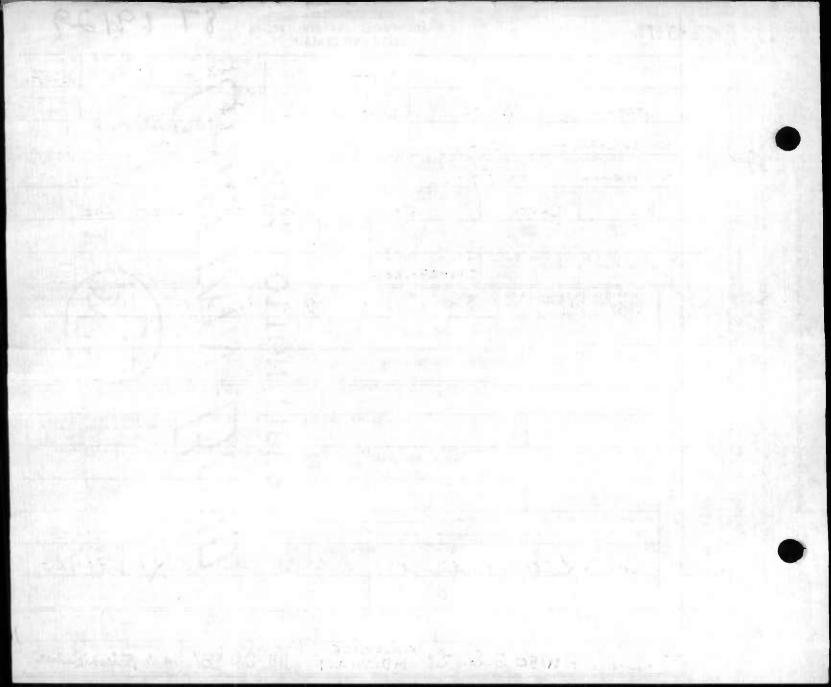
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

19129

1	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
		CEASED NAME FIRST MARY	G	MICOLE	Ri	LAST	The state of the s	MONTH OAY YEAR	26. HOUR (2.25A M
	3. SE)		4. RACE W141	715	S. DATE O	H DAY YEAR	6. AGE (IN YEARS LAST BIRT		EAR IF UNDER 24 HRS. AYS HOURS MIN.
	N	RTHPLACE (STATE OR FOREIGN OUNTRY) XXXXXIII CHROLINA	US		WIDOWE		Baltimore CITY o	Co.	MD.
	K	ITY OR TOWN OF DEATH	(IF NOT IN SUC 12323	Claydent	Lane	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF THE CONTROL OF WORK FOR MOST OF CLERK	F WORKING LIFE) INDUST	d of Business or RY SVillePhar
7	13a. S	1 .0		GIVE RESIDENCE BEFORE 1130. CITY OR TOWN Kingsvil	N	13d INSIDE CITY LIMITS?	136 STREET ADDRESS	YORNT LAN	21087
1	Wi	illiam	MIDDLE	Mann	DITY ::0	Mary	WIDDLE	Baum	
			MED FORCES? E WAR OR OATES)	219-28-		Mrs. Maureer		^{ss} Thornclif altimore,Md	
7	CERTIFICATION	gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT ((c) CONDITIONS <u>CC</u>		DEATH BUT	NOT RELATED TO THE TERM IN WAS PERFORMED	INAL DISEASE OR CONI	DITION GIVEN IN PAR 206. IF YES, WERE FIN IN CERTIFYING CAU	IDINGS USED
		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OF	HOUR A.	M. MONTH DA	AY YEAR	2)c HOW INJURY OCCUR	YES NO	YES THE ITEM 18, PART I OR PART	NO [
	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE			211. LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
		220.1 certify that (I) (this hospi sow the deceased alive an above, (I) (we) (did) (did no 22b. SIGNATURE		19		, 19 nd that in (my) (aur) opinion of DEGREE ATTENDING PHYSICIAN	, to	22c. D/	the couses stated ATE SIGNED
1		22d PHYSICIAN'S NAME (TYPE O Carla Alexar		M.D.		220 ADDRESS Stella	Maris, Tow	uson,Md.	
	(:	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	236. DATE 7-3-1	007		EMETERY OR CREMATORY S of Faith	23d. LOCATION CITY OR TOWN ROSSVILLE		
	1	UNERAL DIRECTOR NAME RADOLN FHID	Sa Be	0	KINGS		REC'D. BY REGISTRAR	256. REGISTRAR'S SIGN	

DHMH - 16 25M (VR A 35 (4)) 9/7

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and completely filled in by the funeral director page 3 ages 1 and 2 shauld be filed within 72 hours after death

signed by the ottending physician and ci hen please remove corbon popers. Pages to buriol, cremotion, or removal.

medico

ury, or other troumotic event, the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1:	FOR STATE			DEPARTA		IEALTH AND MENTAL HYG	8 7	1	0	h-2	
	REGISTRAR CEASED NAME	FIRST		MIDDLE	1	AST	20 DATE OF DEATH	MONTH	DAY YEAR	25 HOUR	-
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3 JE.					MONTH	H DAY YEAR			MONTHS DAYS	HOURS MIN.	-
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	MARYLAND		U.S.		WIDOWE		BATIMORE			MD	perma .
10 C	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN CH FACILITY, GIVE STREET		OR OTHER INSTITUTION	128 USUAL OCCUPAT			F BUSINESS OR	
	CATONSVILL			OCKWELL A			DIR. FOOD SE	RVICE	U.M.I	3.C.	_
13a. S	AL RESIDENCE (IF NURS	13b. COUN		GIVE RESIDENCE BEFORE		136 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP COD	DE		
M	ARYLAND	BAL'	TIMORE	CATONSV	ILLE	YES NO X	2405 ROC			21228	
14. FA	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA			LAS		-
	ELMER		MIDDLE	PYFER		MILDREI			RUPI		
	VAS DECEASED EVER			166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDR	ESS			
. (YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	220-30-04	460	KRISTEN E. T	TDAWEDS 240	5 POC	KWELL AV	70	
	PART 2 OTHER SIGN	/AS CAUSE IMMEDIAT , which mediate ng the : last.	D BY E CAUSE (0) DUE TO, O (b) DUE TO, O (c)	RESPISA RAS A CONSEQUE RAS A CONSEQUE	ENCE OF	Acres		NDITION GI		MATÉ INTERVAL DISET AND DEATH	-
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CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH OPERATION		N WAS PERFORMED	20a AUTOPSY? 20b. #F		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO		
	210 ACCIDENT WAS UNI	CAUSE OF DEA	117	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18	PART OR PART 2}		
MEDICAL	21d INJURY OCCURRED 21e PLACE					211 LOCATION STREET	CITY OR TOWN		COUNTY	STATE	
	22a I certify that (I) sow the deceas above, (I) (we) (c	ed alive an	July	19	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN			\FF	22c. DATE SIGNED		
	JON K	AME (TYPE O	FPRINT)	NO		10 % o C	11 (120-4 Rid	51 R	d Colo	n bion h	10
23a. E	BURIAL, CREMATION,		23h DATE JULY			EMETERY OR CREMATORY LEW MEMORIAL	236 LOCATION CITY OF TOWN CATONSVI	IIF R	COUNTY	STATE MD	
24 F	UNERAL DIRECTOR					25a DAT	E REC'D. BY REGISTRAN				-
	NAME LEROY	M.& E	RUSSELL	C. WITZKI	E FUNI	ERAL HOMES JUL	27 1987	2 3		-dage.	

Pedallo

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

should be detached for use as the burial-tree

IMPORTANT: If Item 21 is marked or Item

TO HOSPITAL OR ATTENDING PHYSICIAN TO FUNERAL DIRECTOR After this certif etoined by the hospital or attending p

Ruck Towson Funeral Home, Inc. Towson, Md. 21204 AL

(VR A15 ME (5))

STATE OF MARYLAND

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	e death certhicate be executed within 24 hours ofter death. Page 4 may be
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	scuted with
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1		CEASED NAME FIR	ORENCE	MIDDLE E	Rodenhe	last euser NHAUSER	July 2, 1	MONTH 0.87	DAY YEAR	26 HOU
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4.3	4. 007	Female		hite		27, 1892 YEAR	93 94	YRS	MONTHS DAYS	HOURS
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57/		New Jersey		U.S.A.	WIDOW	ED NEVER MARRIED	Baltimo	re Co	ounty,	
		TY OR TOWN OF DEATH	11. N/			OR OTHER INSTITUTION	128 USUAL OCCUPATI	ON	126 KIND	OF BUSINE
10		Towson	M	eridan Mul	ti-Medic		Home Make			Home
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2		aryland	Baltim	ore Cock	eysville		4 Silent M	leador	w Court	2103
20	14 FA	THER'S NAME	MIDDLE	LA	ST	15. MOTHER'S MAIDEN NA	ME MIDDLE		LA	ST
I)		Robert		Elia	-	Rese			Due	err
1		VAS DECEASED EVER IN L	J.S. ARMED FO	R DATES)	L SECURITY NO.	17. INFORMANT	ADDRE		11 = 0	
	No			137-5	64-4681	Mrs. Ruth Ar	chibald S	ame a	as #13.	
÷, ÷		18 CAUSE OF DEATH IE	nter anly ane o		1	0	1		BETWEEN	ONSET AND
41				SEID Caja	7/101/1/	a ca stad (C)	1:10.001			
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29		Conditions, if any, wh gave rise to immedicause (a), stating underlying cause II PART 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER NOTHY MEDICALE WHILE NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK ON THE ALL WORK 22a. I certify that (1) (this saw the deceased of above (1) wegliding	DICANT CONDITION (ING 211	UE TO, OR AS A CON (b) UE TO, OR AS A CON (c) THOMS CONTRIBUTIN (b) CONDITION FOR N (b) TIME OF INJURY HOUR A.M. MONT P.M. e PLACE OF INJURY KTHOME STREET, FACTORY,	ISEQUENCE OF ISEQUENCE OF IG TO DEATH BUT WHICH OPERATIC H DAY YEAR 19 OFFICE, FARM, ETC.)	211 LOCATION STREET 219 and that in (my) (our) opinion	20a AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YE IN CERT Y RY IN ITEM 18	ES, WERE FINDIFYING CAUSE (FS PART OR PART ?) COUNTY 19 2011 and from the	NGS USED S OF DEAT NO
79		Conditions, if any, wh gave rise to immedicause (a), stating underlying cause I. PART 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF ETHER NOTIFY MEDICALE WHILE NOT WHILE WHILE NOT WHILE AL WORK 22a. I certify that (I) (thi	DICANT CONDITION (ING 211	UE TO, OR AS A CON (b) UE TO, OR AS A CON (c) THONS CONTRIBUTIN (b) CONDITION FOR V (c) (c) THONS CONTRIBUTIN (d) CONDITION FOR V (e) PLACE OF INJURY (e) PLACE OF INJURY (f) HOME STREET, FACTORY, (f)	ISEQUENCE OF ISEQUENCE OF IG TO DEATH BUT WHICH OPERATIC H DAY YEAR 19 OFFICE, FARM, ETC.)	21c. HOW INJURY OCCUR 21l LOCATION STREET and that in (my) (our) opinion DEGREE ATTENDING	20a AUTOPSY? YES NO RED (ENTER NATURE OF INJU CITY OR TO death occurred an the di	20b. IF YI IN CERT Y RY IN ITEM 18	ES, WERE FINDIFYING CAUSE (FS PART OR PART ?) COUNTY 19 2011 and from the	NGS USED S OF DEAT NO
29		Conditions, if any, wh gave rise to immedicause (a), stating underlying cause II. PART 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL E 21d INJURY OCCURRED WHILE AUGUST AUGUST 22b. 1 certify that (I) (this saw the deceased a above (II) (we) (die) 22b. SIGNATURE	DICANT CONDITION In 191 CANT CONDITION In 191 CANT CONDITION In 191 CANT CONDITION In 191 CANT CONDITION In 191 In 1	UE TO, OR AS A CON (b) UE TO, OR AS A CON (c) THONS CONTRIBUTIN (b) CONDITION FOR V (c) (c) THONS CONTRIBUTIN (d) CONDITION FOR V (e) PLACE OF INJURY (e) PLACE OF INJURY (f) HOME STREET, FACTORY, (f)	ISEQUENCE OF ISEQUENCE OF IG TO DEATH BUT WHICH OPERATIC H DAY YEAR 19 OFFICE, FARM, ETC.)	211 LOCATION STREET 211 LOCATION ON THE TOTAL TO THE TOTAL THE TO	20a AUTOPSY? YES NO RED (ENTER NATURE OF INJU CITY OR 10 death occurred an the death	20b. IF YI IN CERT Y RY IN ITEM 18	ES, WERE FINDIFYING CAUSE (FS PART OR PART ?) COUNTY 19 2011 and from the	NGS USED S OF DEAT NO
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DHMH - 16 60M 7/B4 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4	FOR STATE PREGISTRAR	DEPART	MENT OF HEALTH CERTIFICATE	AND MENTAL HYG	IENE 8 ZEG. NO.	19	1 3 3
	T. DECEASED NAME FIRST [149E OR PRINT] Ida	E.	Ro	ff		7 16 87	100 H
	3. SEX Female	4. RACE White	5. DATE OF BIRTH	10 'E 1 901	6. AGE IN YEARS LAST BIRTHE	MONTHS DA	
-	Maryland	U.S.A.	MARRIED N	DEVER MARRIED DIVORCED	Baltimore (COUNTY OF DEATH	MD
	Towson	11. NAME OF HOSPITAL, NURSI	ng home or othe	R INSTITUTION	170. USUAL OCCUPATION		D OF BUSINESS OR RY Home
	USUAL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE TO PARKY	TILE 13d. IN	SIDE CITY LIMITS?	13. STREET ADDRESS / 2 9 220 Orbitar	ZIP COPE n Rd.	21234
	14 FATHER'S NAME Jerome	Meigle Heigle	15. MC	Mary	MIDDLE		6f
	160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 212-01-	17 INF	rs. Peggy	Shettle 7	Edgemoor	Rd. 2109
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION	DUE TO, OR AS A CONSEQUE (b) CONTRIBUTING TO 196 CONDITION FOR WHICH	DENCE OF BEATH BUT NOT RE HOPERATION WAS	PERFORMED	INAL DISEASE OR CONDI	206 IF YES, WERE FIN IN CERTIFYING CAU	ADINGS USED SES OF DEATH? NO
	OR CONTRIBUTING CAUSE OF DE LIFE EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED AT WORK NOT WHILE AT WORK NOT WHILE AT WORK 220.1 certify that (I) (this hosp	ATH HOUR A.M. MONTH D.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, intol) ottended the deceosed from, 7 (4) ot) view the body after death.	PARM ETC) 211 LC 211 L	DCATION STREET 19 87 In (my) (our) opinion of	CITY OR TOWN CITY OR TOWN CITY OR TOWN CITY OR TOWN MEDICAL STAFF DURECTOR PHYSICIA V. 2 ~ C	N COUNTY 19 27 e ond hour ond from 22c D	STATE, that (1) (we) lost
	230 BURIAL, CREMATION, REMOVAL	23 926/87 23 1	NAME OF CEMETER Baltimore	Ceme tery	23d LOCATION CITY OF TOWN Battime	ore	Md. STATE
	74 FUNERAL DIRECTOR NAME Ruck Towson Fun	eral Home, Inc.	21204 1050 Yo	profession and a second	E REC'D. BY REGISTRAR 25	REGISTRAR'S SIGN	ATURE

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the first series of the series

STATE OF MARYLAND

X.	FOR			DEP		EALTH AND MENTAL	HYGIENE				4	10.19		
87	REGISTRAR				CERTIF	ICATE OF DEATH	8	REG. NO	0.	9		3 4		
	CEASED NAME	FIRST		MIDDLE	L.	AST f	20. DA	TE OF DEATH	MONTH	DAY	YEAR	26 HOUR		
		FNT	5	(iz.	MAN	1 15		7	21	87	6:21		
1. SE		1	RACE		5. DATE C	FBIRTH	6. AGE	(IN YEARS LAST BIR	THDAY)		ER 1 YEAR	IF UNDER 24 HR		
	FEMALE		CAUCAS	IAN	OCTO	BER 26,1903	3	83	YRS	MONTHS	DAYS	HOURS MIN		
	RTHPLACE (STATE COUNTRY) GERMANY		L. CITIZEN OF	WHAT COUNT	TRY? 8. MARRIEI WIDOWE	NEVER MARRIED	1	TIMORE CITY O	_					
10. C	TY OR TOWN OF D	EATH 1			IRSING HOME C	R OTHER INSTITUTION	1 12a US	120 USUAL OCCUPATION				126 KIND OF BUSINESS O		
R	ANDALLSTO	WN	BALTIM	ORE" COL	JNTY GEN	ERAL HOSPIT	TAL ITYPE O	F WORK FOR MOST OF HOUSEWIF		E) IND	AT	HOME		
	AL RESIDENCE (IF NO	IS COUNT		GIVE RESIDENCE		13d. INSIDE CITY LIMIT	co lineri	REET ADDRESS	/ 7IB COD			(21208		
	RYLAND	BALTIN			IMORE	YES TO NOXIX	27	WARREN	PARK	DR.	, APT	'. B4		
	THER'S NAME					15. MOTHER'S MAIDEN								
	JULI		IDDLE	WEI		HELEI	N	MIDDLE	J	JNKN	OWN	T		
	VAS DECEASED EVI	R IN U.S. ARM		166 SOCIAL	SECURITY NO.	17 INFORMANT		ADDRE	SS					
. (NO OR UNKNOWN)	(IF YES, GIVE	216-16-2952 JOHN W. MARCUSE 2508 TANEY							RD	RD. (21209)			
CERTIFICATION	gove rise to incounter (10), store underlying counterlying counter (10).	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS OF CO			AFCINOM			AUTOPSY?	20b. IF YE	S, WERE	E FINDIN	NGS USED OF DEATH?		
RI				* b 11181/		I	YES	- 400		ES 🗌		NO 🗌		
MEDICAL CE	21a. ACCIDENT WAS LED OR CONTRIBUTING CHE EITHER NOTIFY MILE NOT WHILE NOT	CAUSE OF DEATH	HOUR A.	E OF INJURY A.M. MONTH DAY YEAR P.M. 19 211 LOCATION STREET FACTORY, OFFICE, FARM, ETC.] 211 LOCATION STREET			-CURRED (EN	RRED (ENTER NATURE OF INJURY IN ITEM IS PAI				STATE		
	AT WORK	VORK												
	22a. I certify that sow the dece above, (I) (we	osed alive on_				d that in (my) (our) opi	nion death o			r ond fr		that (I) (we) lo couses stated		
	obove, (1) (we) (did) (did not) view the body ofter death. 278 SIGNATURE E Drugger f Tkaczu (6 274 PHYSICIAN'S NAME (TYPE OR PRINT) 1274 ADD						NG MED AN DIREC	ICAL STAI		22	7/3	SIGNED 21/87		
	ED	muni	١ .	TRAC	MIC	BALTIMO	RE ÇOU	NTY GENE	ERAL H	IOSP:	ITAL	,		
	URIAL, CREMATION	N, REMOVAL	23b. DATE			EWELESA OLCHEROPE		LOCATION CITY OR TOWN		COUN	ITY.	STATE		
	BURIAL		7/22/	87	CHEVRA	AHAVAS CHE	X	RANDALLS	STOWN	BA	LTO	MD		

DHMH - 16 60M 7/84

(VRA 15, 4)

CHEVRA AHAVAS CHEX

RANDALLSTOWN

BURIAL 7/22/87 CHEVRA AHAVAS
24 FUNERAL DIRECTOR SOL LEVINSON & BROS. INC.
6010 REISTERSTOWN RD. BALTIMORE, MD 21215

JUL 24 1987 July Series Signature

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death entires is executed within 24 hours ofter death. Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending parament of completely filled in by the funeral director, page should be detached for use as the burial-transit permit. Then please remove corrumnopting Pages I and 2 should be filled within 72 hours after deatt with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or record.	IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, ar other traumatic even medical examiner must be parties of ance
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH

0.5 1 100	b	FOR STATE			DEPA	ARTMENT OF	HEALTH AND MENTAL	L HYGIEI	NE /	1 9	1	3 5
To be with	1.05	RÉGISTRAR			MIDDLE	CERTI	FICATE OF DEATH		O REG. N		AY YEAR	1-0
page 3 r death		CEASED NAME OR PRINT)	FIRST	יינייי	MIDDLE			1	DATE OF DEATH		AT TEAR	26. HOUR
3/20	2 CE		JEANE 7	I RACE			ROSENTHAL		JULY 6		IF UNDER 1 YEAR	8:50A
15	3. SE	FEMALE			UCASIAN	MON		2	89		ONIHS DAYS	
97		RIHPLACE (STATE OR FO	PREIGN 7		WHAT COUNT	RY? 8. MARRI WIDOW	ED NEVER MARRIED		BALTIMO!			,
		TY OR TOWN OF DEAT	TH 1		HOSPITAL, NU ICH FACILITY, GIVE S VILLE	RSING HOME	OR OTHER INSTITUTION		120 USUAL OCCUPATION (TYPE OF WORK OR MOSLOF WORKING LIFE)		126 KIND O	OF BUSINESS OF HOME
35	130. 5	AL RESIDENCE (IE NURSINITATE RYLAND	BALT	TY	13c. CITY OR 1	NWOT	13d. INSIDE CITY LIMIT	,	1 STREET ADDRESS	ÚNTÁIN	AP	T. 1D #21117
	14. FA	LEONARD	AA	IDDIE I	POSTER		15. MOTHER'S MAIDE		MIDDLE		AĽ	EXANDER
medical	(VAS DECEASED EVER II (ES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)		SECURITY NO. 3-4046D	17 INFORMANT 41 SEA CL		S. MARJOR AVE. SEA			1579
		18 CAUSE OF DEATH PART I. DEATH WA		one couse pe BY: CAUSE (a)	er line for (g), b	nal	Faile	-e			BETWEEN	XIMATE INTERVAL N ONSET AND DEAT
al, crematian, ar ar other traumati		Conditions, if ony, gove rise to imm couse (a), stating underlying couse	ediote the	(b)_	DR AS A CONSE							
I nen pi r ta bur injury, c	NO	() a	IFICANT CO	_	PUTRIBUTING	11	T NOT RELATED TO THE	TERMIN	AL DISEASE OR COM	NDITION GIVE	N IN PART 1	(0
aws any	CERTIFICATION	190 DATE OF OPERAT	ION	196 CON	SITION FOR WI	HICH OPERATION	ON WAS PERFORMED		200 AUTOPSY? YES NO			INGS USED S OF DEATH? NO
tem 18 sh		210. ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTION OF CONTRIBUT	AUSE OF DEAT	HOUR A	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c HOW INJURY OF	CCURRE	O (ENTER NATURE OF IN)	URY IN ITEM 18 PA	RT 1 OR PART 2)	
rked or 1	MEDICAL	21d, INJURY OCCURR	IE 🗍		OF INJURY TREET, FACTORY, OF	FICE FARM, ETC.)	211 LOCATION STREET		CITY OR T	OWN	COUNTY	STATE
rem 21 is mo		22a I certify that (I) (saw the decease above, (I) (we) di					nd that in (my) (our) ap	oinion de	oth occurred on the o	dote and hour		, that (I) (a) a e couses stated E SIGNED
NT. F.		Dec.	coe	EX,	264	6	ATTENDI	ING IAN	MEDICAL STA	AFF ICIAN []	7-1	6-87
MPORTAN		DR.		OLD BOB			7220 PA	ARK I	HTS. AVE.	21208		
with Williams	230. 8	SURIAL, CREMATION, F SPECIFY) BURIAL	REMOVAL		7,1987	234 NAME OF BOBROI	CEMETERY OF CREMATE SKER BENEFI	ORY CIAL	CIR LOCATION	GE ROS	EDALE	BALTO.

74 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTIMORE, MD 21215 (VRA 15, 4)

JUL 0 8 1987 Julia Dender Code

DHMH - 16 60M 7/84

JUL 0 8 1987 July Michael Pales

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21 87	ISTRAR	RO	STEK	DEI ART		EALTH AND MENTAL		REG	NO.	91.	2 0
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FEN	ALE		Whit	e	03	30 190		7	8 YRS	MONTHS DAYS	HOURS
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	R TOWN OF DE	ATH	11. NAME OF		RSING HOME OR OTHER INSTITUTION			USUAL OCCUPA		126 KIND (OF BUSIN
	VILLE		FRANK		ARE 1	HOSPITAL		PE OF WORK FOR MOS BEAUTIC			AIR
USUAL RES 130_STATE ND	SIDENCE (IF NUR	13b COUN BAL	OTHER INSTITUTION TY TO	BALTO		134 INSIDE CITY LIMI	ITS? 13e	STREET ADDRESS		DDE 212	37.
14 FATHER	'S NAME		WIDDIE	LAST		15 MOTHER'S MAIDE	EN NAME	MIDDLE			67
	- HOI			URNIC	E	FIRST		WIDDLE		LA	31
	ECEASED EVER		MED FORCES?	166 SOCIAL SECT		17 INFORMANT		ADD	RESS	212	22
	ORUNKNOWN		n/a	2134621	39	MELVIN	J. R	OSTEK	749	FULBRO	
gar	nditions, if any ve rise to im use (a), stati declying cous	mediate ng the	DUE TO, C	or as a conscou yocardial or as a conscou acterial	Intai	rction s, Ischemic	c bow	e1			
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226.	SIGNATURE AM PHYSICIAN'S N	ren	9 11	0	ımm	DEGREE ATTENDI PHYSICI	ING A	AEDICAL ST IRECTOR PHYS		7/16/87	
La	wrence	Ramun	no, M.D			9000 Frank			r., B	alto., 2	1237
230 BURIA (SPECIF	L, CREMATION BURIA		236. DATE			EMETERY OR CREMAT	TORY	23d LOCATION CITY OF TOWN BALT)	COUNTY	I
24 FUNER	AL DIRECTOR	10:	7/18/	ADDRESS	do	HITHEWIFR 25	Sa DATE RE	20 1987		and the	

STATE OF MARYLAND

and Mark et Roger des

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIR

			I T I O I L I T L
MEDICAL	EXAMINER'S	CERTIFICATE	OFIDEATH

	ATH RED. NO.9 1 3 /	
	20. DATE KNOWN & MONTH DAY YEAR OF ESTI- DEATH MATED 7 19 8	75 HOUR
S	PRONOUNCED DEAD 7 193	2d HOUR 9 40
	9 BALTIMORE CITY OR COUNTY OF DEATH	
	Baltimore County	MD.
15	UAL OCCUPATION (TYPE OF WORK 126 KIND OF BL	

-	EGISTRAR		IVI	DICAL EVAMIL	JEW 3	CERTIFICATE	OFINE	A LATT DE	G. NO. /	0	
	EASED NAM	E FIRST		WIDDLE		LAST		20. DATE KNOW		DAY YEAR	26 HOUR
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1.5EX		4. RACE	5 DATE OF BIRTH	6 AGE IN Y	EARS IF U	NDER 1 YR. IF UND	ER 24 HRS	2c DATE	MONTH	DAY YEAR	2d HOUR
Fen	nale	White	10-1-190	74 82 Y	RS. MONT	THS DAYS HOURS	MIM	PRONOUNCED DEAD	7 n	100	940
da. BIR	THPLACE (5		76 CITIZEN OF W		18			9 BALTIMORE C	TY OR COUNTY	OF DEATH	III
	chiaan		USA			NED NEVER MA	RCED	Ral+ima	re Coun	+21	
	Y OR TOWN	OF DEATH	II. NAME OF HOS	SPITAL, NURSING HOM				UAL OCCUPATION		26 KIND OF BU	JSINESS
Pi	ikesvi	Lle	7018 ALC	ACILITY, GIVE STREET ADDRESS)				most of working life memaker)	OR INDUSTI	RY
USUAL	RESIDENCE	(IF IN NURSING HOME C	OR OTHER INSTITUTION GI	IVE RESIDENCE BEFORE ADMISS	ION)	1					
Man STA	ryland	Balt	imore	Pikesville	2	YES NO		18 Alden	Rd. 21	208	
14. FAT	HER'S NAME		MIDDLE			15. MOTHER'S MA					
)	FIRST	Unknown	MIDDLE	Palenza		FIRST	Unk	nown		LAST	
16a. W/	AS DECEASE!	DEVER IN U.S. ARA		166. SOCIAL SECURIT	Y NO.	17. INFORMANT	Pikes	ville ADD	RESS MD	21208	
No		(11 723, 5172	-	none		Mr. John		Gray 701	8 Alden	Rd.	
	gave ris cause (a) lying cau		(b) DUE TO, OR	AS A CONSEQUENCE AS A CONSEQUENCE BUT NOT RELATED TO THE TERM	OF	E OR CONDITION GIVEN IN	PART I (a				
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WED	WHILE AT WORK	NOT WHILE C		OF INJURY (AT HOME, TORY, FARM, ETC.)		CATION	147	CITY OR TOWN	COUN	iτγ	STATE
5	220. I certificate death resulte ACTUAL SONATURE XAMINER'S I	Hanse Natura	e of the remains des al causes A,	cribed abave, held an Accident , Su	Autap	Inspect Inspec	Undet	Inquiry , ermined manner [ond in my apin DATE SIGNED		<i>}</i> 7
73a. BCIN	CWY	NON, REMOVAL TO	DATE	THE NAME OF CEA	KETERY O	R CREMATORY	23d LC	OCATION OR TOWN	COUNTY	STA	ATE

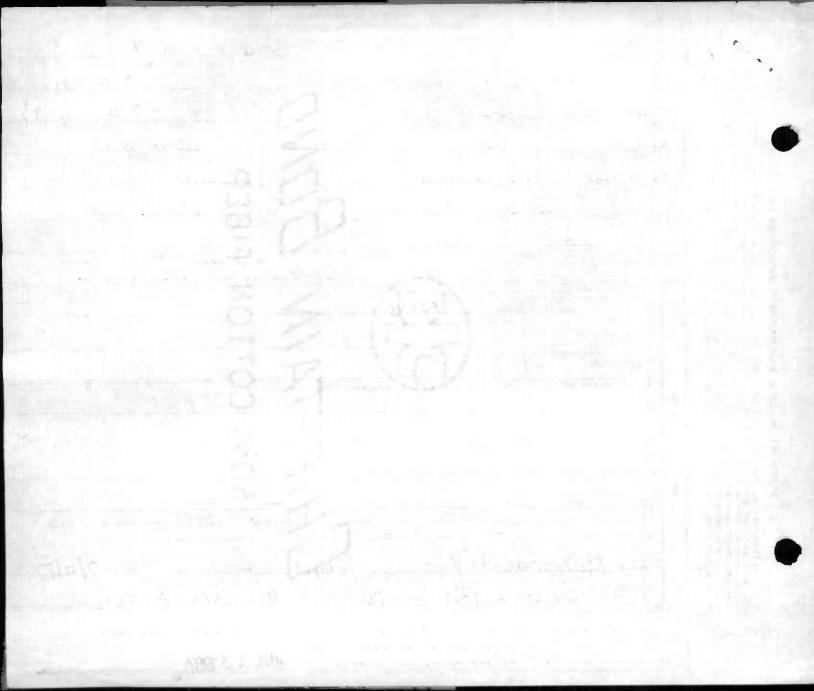
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(VR A15 ME (5))

Woodlawn Cemetery

MD

tery Woodlawn Baltimore Inc. 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE 3. JUL 1.3 1937 24 FUNERAL DIRECTOR 8728 Liber Byers Funeral Dire Randallstown, MD Liberty Rd. Directors, 21133



01	X.	FOR STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL FICATE OF DEATH		913	8
AUG Ja	ATME	miria	· · · · · · · · · · · · · · · · · · ·		ROUSH OUSH	2a DATE OF DEATH MONI	13187	55°
director.		Female	White	MONT			YRS. 3411	HOURS MAIN
in 72 hou	70 BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	OUNTRY? 8 MARRIE WIDOW	ED NEVER MARRIED	" BALTO A -	OUNTY OF DEATH	M
by the fu	10. CI	TOWSON	DICKPUS A	GIVE STREET ADDRESS)	OR OTHER INSTITUTION	N 12a USUAL OCCUPATION (LYPE OF WORK FOR MOST OF WOR Retired Teac		8USINESS OF
filled in	13a S	mo	ROJER INSTITUTION GIVE RESIDE NTY 13c. CITY	OR TOWN	13d INSIDE CITY LIMIT	Wyman Park A	CODE pts. Beech	Ave.21
SQ Square of the)A FA	THER'S NAME	MIDDLE	Jush, Sr.	15. MOTHER'S MAIDE	MIDDLE	Ka	thern
Poges			RMED FORCES? 166 SOC VE WAR OR DATES) 214	-46-6715	17 INFORMANT Pickersgi	ADDRESS 11 Home-615 Ches	tnut Ave.,	21204
nysicia apers aval.	2	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE		ai, (bi, and ici	11 V 3			ATE INTERVAL
		887 IMMEDIA	TE C AUSE (a)	HY	sostalu pr	renn onin	3_	day
signed by the hen please hen please a burial, c	z	gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CO	TING TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION	ON GIVEN IN PART 110	
2 6 9 5				A 0 1 - 1				
permit. Tine prior t	IFICATIO	190 DATE OF OPERATION	1 196 CONDITION FOI		ON WAS PERFORMED	20a AUTOPSY? 20b	OF YES, WERE FINDING CERTIFYING CAUSES C	F DEATH?
frecte has been transit permit. Thygiene prior the 18 shows any in	CAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DATA	196 CONDITION FOI 216. TIME OF INJURY HOUR A.M. MOI	R WHICH OPERATION	21c HOW INJURY OF	20a AUTOPSY? 20b	CERTIFYING CAUSES C	
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ERAL DIRECTOR: After this certificate has been eletached for use as the burial-transit permit. It State Dept. of Health and Mental Hygiene prior I ANT: If them 21 is marked antern 18 shows any in		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DOT (IF EITHER, NOTIFY MEDICAL ARMINE 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 220. I certify that (I) (the basp) sow the deceased alive an above, (I) (w.) (d.) Tidd no 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE C	21b. TIME OF INJURY HOUR A.M. MOT P.M. 21e PLACE OF INJURY (AT HOME, STREET ACTOR) 21 view the body after dea	NTH DAY YEAR 19 RY, OFFICE, FARM, ETC.) Red from	211 LOCATION STREET 211 LOCATION STREET 19 nd that in (my) (gurt op DEGREE ATTENDIN PHYSICIA 22e ADDRESS	CCURRED (ENTERNATURE OF INJURY IN IT CITY OR TOWN TO STAFF ING DIRECTOR PHYSICIAN TIE Rd., Timonium	CERTIFYING CAUSES C YES TEM 18 PART I OR PART 2) COUNTY COUNTY 22. 19 \$7. the result of the county of the coun	STATE STATE STATE STATE STATE STATE STATE STATE STATE
FUNERAL DIRECTOR: After this certificate has been old be detached for use as the buriol-transit permit. The the State Dept. of Health and Mental Hygiene prior the ORTANT: If them 21 is marked aftern 18 shows any in	MEDICAL MEDICAL	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DATE (IF EITHER NOTIFY MEDIC: AMMINES 21d. INJURY OCCURRED WHIE AT WOR AT WOR SOW the deceased alive on above, (I) (we) (Id) (Id) (Id) 27b. SIGNATURE 27d. PHYSICIAN'S NAME (IVPE OF THE CONTRIBUTION OF THE CONT	21b. TIME OF INJURY HOUR A.M. MOI P.M. 21e. PLACE OF INJUR (AT HOME, STREET MICTOR (AT HOME) TO STREET MICTOR (AT HOME) TO STREET MICTOR (AT HOME) TO STREET MICTOR TO STREET MI	NTH DAY YEAR 19 RY, OFFICE, FARM, ETC.) Red from G. C.	211 LOCATION 211 LOCATION 211 LOCATION 212 19 21 19 22 19 23 ATTENDIT 212 ADDRESS 214 ADDRESS 215 ADDRESS 216 ADDRESS 217 ATTENDIT 218 ADDRESS 218 ADD	200 AUTOPSY? 200 YES NO TO NO TO NO TOWN CITY OR TOWN TO SINION death occurred on the date of ING DIRECTOR PHYSICIAN TO REDICAL STAFF AND DIRECTOR PHYSICIAN	CERTIFYING CAUSES C YES TEM 18 PART I OR PART 2) COUNTY COUNTY 22. 19 \$7. the result of the county of the coun	STATE STATE STATE OUT (I) (WHOSE STATE) OUT (I) (WHOSE STATE)

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completely filled in by the toneral director. page 3 s 1 and 2 should be filed within 72 hours after death

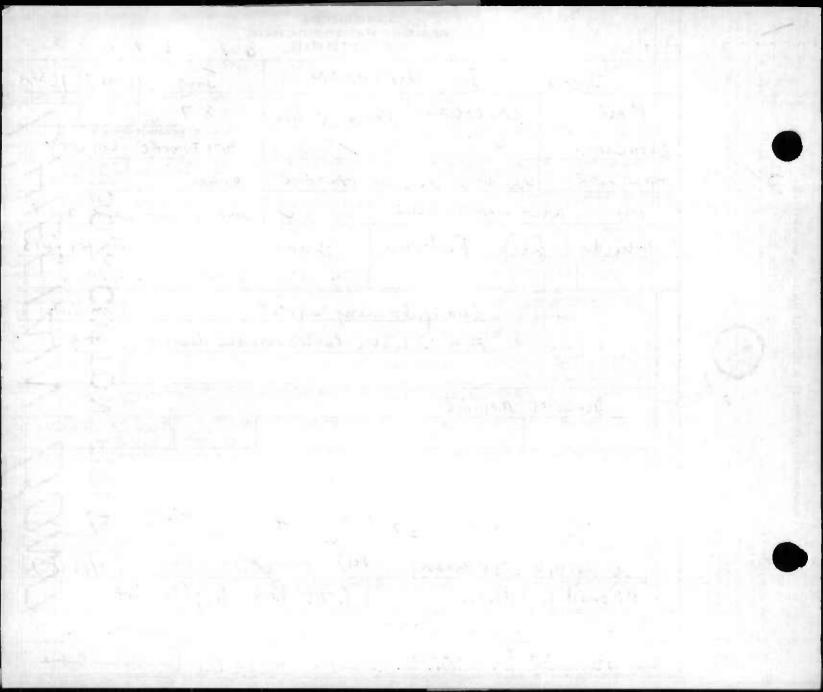
	1				E OF MARYLAND					
	1	FOR - SJATE	DEI		ICATE OF DEATH	224	1 9	1 3	9	
JUL.	I DE	REGISTRAR CEASED NAME FIRST	MIDDLE	CENTIF	ASI	REG. NO	D. MONTH DAY	YEAR	2 1 2 2 2	
		JACOB	I.	RUDE	FRMAN	20 DATE OF DEATH	11	1987	1034 A	
	3. SE	× M	1 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT		INDER 1 YEAR	IF UNDER 74 HRS	
1		1./ ACE	CAUCASIA	1.00	PLH 15 1900	8/	YRS.			
1	6	RTHPLACE (STATE OR FOREIGN COUNTRY)	US A	MARRIE	D NEVER MARRIED DIVORCED	BALTIMORE CITY O	_	Cour	TY MD.	
0		A LTI MORE	(IF NOT IN SUCH FACILITY, GIVE		BALTIMURE	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		126. KIND OF	F BUSINESS OR	
5	13e. S	AL RESIDENCE (IF NURSING HOME OF		E BEFORE ADMISSION)	134 INSIDE CITY LIMITS?	130 STREET ADDRESS /		ANE	21208	
30	14. FA	THER'S NAME VELIE AG	MIDDLE BUILD	derman		Feute	rfuss			
		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMANT MRS. HANNAH	WEINBERG 40		VILSON	21208) LANE	
yeni, me		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	nly one couse per line for (a), ED BY: TE CAUSE (a) Cardi	(b), and (c).)	vary agres				MATE INTERVAL DISET AND DEATH	
Sugmon		Conditions, if any, which	DUE TO, OPAS A CON	is sequence of	ci Cardio va	sular dis	euif	Ye.	ars	
		couse (a), stating the underlying couse last.	DUE TO, OR AS A CON	ISEQUENCE OF						
. Kindus A.	NO.	PART 2. OTHER SIGNIFICANT	- A.	IG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	OITION GIVEN	IN PART 110		
2	CERTIFICAT	19e. DATE OF OPERATION	196. CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	IGS USED OF DEATH? NO	
9		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)		
To Day	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME: STREET, FACTORY, C	OFFICE, FARM ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
SI 17 H				19.87. or	d that in (my) (aur) apinion	, tadeath occurred an the da	te and hour an	nd Iram the c		
		H. Romal (2 Fredma	n	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 7/12/8					
			itdman		1220 ADDRESS Pa	nk Heigh	17 Ar	ρ.		
		BURIAL CREMATION, REMOVAL	7/12/87	ANSHE E	EMETERY OR CREMATORY MUNAH CEM	LANSDOWN				
/84		UNERAL DIRECTOR SOL 6010 REISTERSTO	LEVINSON & BR WN RD. BALTO.	ROS. MD. (2		1 4 1987	256. REGISTRAR			

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed should be detached for use as the burial-transit permit. Then pled with the State Dept. of Health and Mental Hygiene prior to burial

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.

BP.



STATE OF MARYLAND

61756 AUG -	87, FOR STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENT ICATE OF DEAT		3 /	3. NO.	9 1	40
	1. DECEASED NAME	FIRST	A	AIDDLE		AST	20.	DATE OF DEAT		DAY YEAR	26 HOUR
nay be page 3 er death	(TYPE OR PRINT)	ETHEL		S.	RUP	PERSBERGER	3	JULY	30.	1987	7:15P M
moy pod	3. SEX	-	4 RACE		5. DATE (GE (IN YEARS LA		IF UNDER 1 YEAR	
ge 4 mc ector. p	FEMALE		WHITE		Jan	uary 6, 189	PAR	g	O YRS		MOURS MIN.
Mis bound	Za. BIRTHPLACE (S		76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRI	9 B	9 BALTIMORE CITY OR COUNTY O			
t 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	MARYLANI)	U.S.A		WIDOW				BALTIM	ORE COL	UNTY MD.
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ARYLA within d within ad within addition and sixty	14. FATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAI	DENNAME	MIDD	N.E		AST
MARYE ed with ed with	JOHN		MIDDLE	SCHWIN	IN		STINA	MIDE	71.5		OOK
MORE,	(YES, NO OR UNKNO		RMED FORCES?	215-74-		17. INFORMANT	RJORIE		DDRESS	R18 _N BVPf	GERD 212
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DING PHYSICIA or attending ph After this certifi- e as the burielin oith and Mental marked or trem	(IF EITHER NO 21d. IN JURY C	OCCURRED NOT WHILE	21e PLACE		19 FARM, ETC.)	21f LOCATION STREET		CITY	OR TOWN	COUNTY	STATE
OR ATTENDO ne hospital an DIRECTOR: A ached for use Dept of Heal	sow the	that (I) (this hasp deceased alive a (we) (did) (did n	ottol) oftended the	e deceosed from	M	nd that in (my) (our)	opinion deat		STAFF	out and from th	that (I) (we) lost the causes stated TE SIGNED
SPITAL J by th NERAL be deto e State	22d. PHYSICIA	N'S NAME LYPE	OR PRINC		/ / /	22e. ADDRESS	ICIAN D	KLCTOK [] FT	ITSICIAN E		-
TO HOSPITAL etanied by the TO FUNERAL should be detuined by the State with the State with the State (IMPORTANT:		LLAN PER				4		K AVENU		ONSVILL	E
BP	230. BURIAL, CREMA (SPECIFY) BURIAL		23b. DATE 8/3/87			EMETERY OR CREM RIDGE	ATORY	23d LOCATION CITY OF TOV REISTE	RSTOWN	COUNTY	STATE MD
DHMH - 16 60M 7/84 (VRA 15, 4)		POM. & REDMONDS		WITZKĘ: CATONSVII			*AUS 0	4 1987	RAR 26 REG	IS WAR'S SIGN	URE

61568 AUG	48	FOR STATE REGISTRAR				ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	8 / REG. N		9 1 4	7 00
oy be	TYPE	EASED NAME OR PRINT)	THE!	ATHERINÉ	P.	Ru	SSELL	20 DATE OF DEATH	MONTH	29-87	26 HOUR
Ctor po	3 SEX	emale		4 RACE White		S DATE O	24, 1903 YEAR	6 AGE IN YEARS LAST BIR	THDAY)	MONTHS DAYS	H UNDER 24 HRS HOURS MIN.
oth. Pag	C	RTHPLACE (STATE OR F OUNTRY) Orth Carol:		76 CITIZEN OF		TRY?	DENEVER MARRIED	9 BALTIMORE CITY C	7110	Y OF DEATH	ME
de de la de	10 CT	DWGON	TH			URSING HOME (STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Homemaker		126 KIND OI INDUSTRY Own Ho	000,1200 011
AND 2120 24 hauss could be to		L RESIDENCE (IF NURSITATE		OTHER INSTITUTION ITY		BEFORE ADMISSION)	13d INSIDE CITY LIMITS? YES NO A	13e STREET ADDRESS 618 Hast	/ ZIP COD	E	204
MARYL mphrely OO 2 th		THER'S NAME FIRST NOMAS		MIDDIE J.	Penn	ī	15 MOTHER'S MAIDEN NA	WIDDLE		Teague	2
IMORE,		AS DECEASED EVER ES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)		SECURITY NO. 5-5559	James M. Rus	sell - same		13e	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The far require hot the death certificate be executed within 24 hours the this certificate has seen flored by the attending physician. We have a flored by the attending physician os the buriothrons perion. Then reconstruction and completely filled in the ost the buriothrough physician of completely formation of removal. On the March Mygrese prior to burioth cremation, or removal. On the March Mygrese prior to burioth cremation, or removal.	NO	Conditions, if any, gave rise to imm cause (a), statin underlying cause	which nediate g the last.	(b) DUE TO, O	r as a cons	SEQUENCE OF	NOT RELATED TO THE TERA	MINAL DISEASE OR CON	DITION GI	VEN IN PART 110	
AL RECOR	CERTIFICATION	190 DATE OF OPERAT				HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDIN FYING CAUSES ES	
DIVISION OF VITA ING PHYSICIAN: Tr attending physicial where this certificate os the burial-transition and Mental Hygginarked or item 18 shad and well as the burial shad and mental shad and	MEDICAL CERTIF	210 ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB	AUSE OF DEA	P. 21e PLACE	M. MONTH M. OF INJURY	DAY YEAR 19 FFICE FARM ETC }	211 LOCATION STREET	RED (ENTER NATURE OF INJU		PART I OR PART 2)	STATE
AL OR ATTEND of the hospital of the hospital of all DIRECTOR. A getoched for use of the Dept. of Heal		22a I certify that (1) saw the decom- above, (K (we) (s 22b. SIGNATURE	d alive an	7-2	9	40.00	DEGREE ATTENDING PHYSICIAN	death accurred on the d	FF CIAN	19 <u>\$2</u> , to or and from the condition of	
TO HOSPITA etoined by TO FUNERA should be di with the Sto		22d PHYSICIAN'S NA Carl		Alexand	er, M.	D.	Dulaney Va.	a Maris Hosp Lley Rd 1		n, MD 21	204
BP	Ci	URIAL, CREMATION, SPECHY) CEMATION	REMOVAL	7-30-8		Westvi	ew Crematory	23d LOCATION CITY OR TOWN Balto.		COUNTY	Md.
DHMH - 16 60M 7/84 (VRA 15, 4)		INERAL DIRECTOR ICK Towson	Fune	ral Home	ADD	O York .,Towson	Rd. 250 DA , Md. 21204	TE REC'D. BY REGISTRAR	256 REGIS	TRAR'S SIGNATI	Pre-labby

060388 JUL

STATE OF MARYLAND

1	STATE REGISTRAR			DEPART		FICATE OF DEATH	8 / REG. N	.1 9	11	9 2
22 8	PEASED NAME OR PRINT) K	ATIE		NCHE		SSELL	July 18		DAY YEAR	26. HOUR 930
3. SE	x Female		4 RACE White			OF BIRTH 11 4,04189248	6 AGE (IN YEARS LAST BIR 95		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
1	IRTHPLACE (STATE OF COUNTRY)		U.S.		MARRIE		9. BALTIMORE CITY O Baltimor	re Cou	nty	W
1	altimore	ATH	LIE NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET 6 Brandor	ADDRESS)	or other institution	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Homemaker			F BUSINESS OF
13a.	ALRESIDENCE (IF NUR STATE Maryland	13b COU		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimo	N.	134 INSIDE CITY LIMITS?	13. STREET ADDRESS . 206 Brand	ZIP CODE Ion Ro	ad 2121	12
14. F.	Harvey		WIDOLE	Sparrov	W.	15. MOTHER'S MAIDEN NA Alice	ME MIDOLE		Cros	ie
	WAS DECEASED EVER		MED FORCES?	166. SOCIAL SECU		Alice Crane 2	ADDRE 206 Brandon		21212	
	18 CAUSE OF DEA PART I. DEATH V	WAS CAUSE	nly ane cause per ED BY: TE CAUSE (0)	line for pal, (b), and	oscle	notic Heart	Disease	2	BETWEEN	MATE INTERVAL ONSET AND DEATH
	Conditions, if on gove rise to im couse (a), stati	mediote ng the	(b)_	R AS A CONSEQUI						
NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
RTIFICATIO	19a. DATE OF OPERA	19b. COND	ITION FOR WHICH	DN FOR WHICH OPERATION WAS PERFORMED			IN CERTIF	, WERE FINDIN YING CAUSES		
AL CER	YES NO YES 21g. ACCIDENT WAS UNDERLYING AND									

71d INJURY OCCURRED NOT WHILE

(AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

21e. PLACE OF INJURY

211 LOCATION

CITY OR TOWN

(my) (our) opinion death occurred on the date and hour and from the causes stated

COUNTY STATE

22a. I certify the ((1) this hospital) attended the deceased from

DEGREE

Robert Stoner

23c. NAME OF CEMETERY OR CREMATORY

7620 York Road 21204 1334 LOCATION Middletown Frederick Maryland

23a. BURIAL, CREMATION, REMOVAL (SPECHEY) Burial BP.

7-21-87 24. FUNERAL DIRECTOR Mitchell-Wiedefeld Home 6500 York Road 21212

Lutheran Cemetery 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

requires that the death certificate be executed within 24 haurs after death. Page 4 may be

most director, page 3 in 72 hours after death

inpletely filled in by

attracting physician and car |emovol.

event, the medical exam

STATE OF MARYLAND

I. DECEASED NAME (TYPE OR PRINT) ROBS 1. RACE 1. DATE OF BIRTH MONTH DAY YEAR 1. RACE 3. DATE OF BIRTH MONTH DAY YEAR 1. RACE 3. DATE OF BIRTH MONTH DAY YEAR 1. RACE 3. DATE OF BIRTH MONTH DAY YEAR 1. RACE 3. DATE OF BIRTH MONTH DAY YEAR YRS 1. RACE 1. NAME OF WHAT COUNTRY? MARRIED NEVER MARRIED NEVER MARRIED 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCKLECILITY, GIVE STREET ADDRESS) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) (IF NOT IN SUCKLESS IN	LOUTY 126 KIND OF BUSINESS
1. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1. SEX 4. RACE 5. DATE OF BIRTH MONTH DAY YEAR 1. AGE IN YEARS LAST BIRTHDAY) YEAR YEAR 1. AGE IN YEARS LAST BIRTHDAY) WHAT COUNTRY? 8. MARRIED NEVER MARRIED NEVER MARRIED NORCED WIDOWED DIVORCED 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCHEACILITY, GIVE STREET ADDRESS) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	F UNDER I YEAR IF UNDER 24 OF DEATH 1726 KIND OF BUSINESS
3. SEX 4. RACE 5. DATE OF BIRTH MONTH DAY YEAR 70. BIRTHPLACE (STATE OR FOREIGN 70. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED NEVER MARRIED PROVIDED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCHEACILITY, GIVE STREET ADDRESS) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION), GIVE RESIDENCE BEFORE ADMISSION)	F UNDER 1 YEAR FUNDER 24 AONTHS DAYS HOURS 7 OF DEATH LOUTY 176 KIND OF BUSINESS
3. SEX 4. RACE 5. DATE OF BIRTH MONTH DAY YEAR 10. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCHEACILITY, GIVE STREET ADDRESS) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	OF DEATH
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	I PST OF D
136 STATE 136 COUNTY 136 CITY OR TOWN 136 INSIDE CITY LIMITS? 13e. STREET ADDRESS / ZIP CODE	2/23
MARYLAND BALTIMORE PARKVILLE YES NODE 3119 PARKTO	WA KOAD
14 FATHER'S NAME FIRST MIDDLE LAST 15. MOTHER'S MAIDEN NAME FIRST MIDDLE	LAST
HEARY SALOMON MARIS	SCHAFSR
160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
(YES, NO OR UNKNOWN) IF YES, GIVE WAR OR DATES) 216 012670 FAMILY RECURDS	
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVA
PART I DEATH WAS CAUSED BY:	BETWEEN ONSET AND DE
IMMEDIATE CAUSE (a) Carebral Viscolar Ces Ci Real (Strote	1 minous
	EN INPASTAGE EN
THE CONDITION OF WHICH OF EACH OWNER OF THE PROPERTY OF THE PR	YING CAUSES OF DEATH
21a. ACCIDENT WAS UNDERLYING TID. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PA	
GE EITHER, NOTEY MEDICALES P.M. 19	
TO THE PUBLIC OF THE PER TO THE P	COUNTY STAT
OR CONTRIBUTINGCAUSE OR	
Al work I always Town De Co.	- la
This certain that is (this haspital) attended the deceased from 19.73 to 7/14/1	19_57, that the two
saw the deceased alive an above, (I) (we) (did) (ad nati view the bady after death	
Sow the deceased alive an above, (I) (we) (did) (ad nat) view the bady after death 27b. SIGNATURE DEGREE DEGREE DEGREE	
saw the deceased alive an above, (I) (we) (did) (did nati view the bady after death	and fram the causes state
The Certify that the haspital) attended the deceased from 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	and fram the causes state
Saw the deceased alive an above, (I) (we) (did) (did not) view the bady after death 27 DEGREE ATTENDING MEDICAL STAF- PHYSICIAN DIRECTOR PHYSICI	and fram the causes state
Saw the deceased alive an above, (I) (we) (did) (cid nat) view the bady after death 27b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE OR WITH) 27c. ADDRESS OF LOWER CONTROL 27d. PHYSICIAN'S NAME (TYPE OR WITH) 27d. PHYSICIAN'S NAME (TYPE OR WITH)	and fram the causes state
Saw the deceased alive an above, (I) (we) (did) (did nat) view the bady after death 27b. SIGNATURE DEGREE ATTENDING MEDICAL STAFI PHYSICIAN S NAME (TYPE OR WH) 23c. BURIAL, CREMATION, REMOVAL 23d. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN	and from the causes state
Saw the deceased office an above. (I) (we) (did) (did nat) view the bady after death 77b. SIGNATURE 27d. PHYSICIAN'S NAME (TYPE OR WITH) 27d. BURIAL, CREMATION, REMOVAL [23b. DATE 27d. NAME OF CEMETERY OR CREMATORY [23d. LOCATION]	county MARYLA

4

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then pleasing with the State Dept. of Health and Mental Hygiene prior to burial.

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw retained by the haspital or attending physician.

JUL 28 1987 Colony Bules

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

50 111		STATE		ME	DICAL	EXAMINE	ER'S	CERTIFIC	CATEO	F DEA	TH	REGINO	0. 9	1 4	0 2	
J O JUL	I DE	EASED NAM	E FIRST		MIDDLE			LAST		9	20 DATE I	KNOWN [MONTH	DAY	YEAR 2	h HOUR
名の名は			Daphr	ne	Eliz	abeth	14	Sand	ers	68		MATED 5		5 19	87	^
DIRECT DUR FILL DN STRE		emale	White	July 17,1		6 AGE (IN YEAR LAST BIRTHDAY	MONT	DER I YR.	HOURS		2c. DATE PRONOUN DEAD	CED	MONTH 7	6 I		1:36
A SAMA	7a Bi	RTHPLACE (FREIGH COUNTRY)	STATE OR	England			8 MARR WIDOV	=	VER MARRIE	ED 🔠		ore city of ltimor	_		ATH	AAC
A GREEN		TY OR TOWN	n		Sher	wood Rd		IER INSTITU	TION	FOR M	AL OCCUP	ATION (TYP	E OF WORK	12b. KIND	OF BUSI NDUSTRY	NESS
AND 3		TATE TATE Aryland		e or other institution Gi INTY .timore	13c CITY	e BEFORE ADMISSION Y OR TOWN ngs Mil		13d INSIDE C	ITY LIMITS?	13e STRE 970	EET ADDRES	ss erwood	l Rd.	211	17	
200		enneth		stin	Sand	ers			Ers MAIDE		MI	DDLE	C	lark	ST	
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ENDING" IN I AEDICAL EXA AS A BURIAL ALTH AND M CREMATION,	NO	PART 2 OTNER S	IGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH	BUT NOT REL	ATEO TO THE TERMIN	VAL OISEAS	E OR CONDITIO	N GIVEN IN PAB	Tio						
VORD "PE CHIEF N BE USED N NT OF HE/ BURIAL, C	CERTIFICATION		POPERATION	19b. CONDI	TION FOR	WHICH OPERA	MOIT	'AS PERFOR	MED?					Head Head	iopsy? donl	ly [
THE W	CAL CER	UNDERLYIN	AL CAUSE WAS GOR ING CAUSE O		MONTH	DAY YEAR	21c H	OW INJURY	OCCURRED) (ENTERN	NATURE OF INJU	JRY IN ITEM 18	PART I OR PAI	RT 2)		
ARDED 1 AGE 3 SH AGE 3 SH ATE DEP	MEDICAL	WHILE AT WORK		21e PLACE	OF INJURY FORY, FARM, I			CATION			CITY OR TOW	/N	COI	PUNTY		STATE
FORW TOR: PA THE STA	228. I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry . and in my opin death resulted from: Natural couses . Accident . Suicide . Homicide . Undetermined manner .									pinion						
XECUTE THE CERTIFICAT SEGE 4 SHOULD BE FOR O FUNERAL DIRECTOR: FIRE DEATH, WITH THE ATMORE, MARYLAND		ACTUAL SIGNATURE	A		20	2	M	JITLE (S	PECIFYL.	ief	CAL EXAM		DATE	ED_7-	7-87	
PAGE 4 SI- TO FUNER. APTER DEA BATTMORI		EXAMINER'S (TYPE OR PR	NAM INT)	Ann M. Dix	on, M	l.D.		ADDRESS_	111			et, Ba				201
Z Z Z Z Z Z Z	(:	Crema		July 13,1		NAME OF CEM Greer		nt		B	CATION altim	ore C	ity,	Mary	land	
DHMH - 17 R A15 ME (5))		uneral directions to the chell-		ld Home, I	650 nc. E	00 York salto.,	Rd. Md.		JUL JUL	16	1987	256 REGI	STRAR'S S	SIGNATUR	RE	

07/84 25M

DIVISION OF VITAL RECORDS, 2016W. PRESTON ST., BALTIMONE, MD. 21201

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		CE	RTI	FI	CI	ATE	OF	DEAT	Н

-0	REGISTRAR				CERTIF	ICATE OF DEATH	0 7	REG. NO	. 1	0	4	4° 1 4-9.
	CEASED NAME	FIRST	1	AIDDLE	l	AST	2a MTE OF		NON	DAY	FEAR	Zh HOUR
(TYPE	ORPRINT)	Helen	В	arbara	SA	NDLASS	July	24,	198	37		5:05P M
3. SE	×F	4. F	RACE		S. DATE C		6 AGE (IN YEA	86	YRS	# UNDI	DAYS	IF UNDER 24 HRS. HOURS MIN.
	RTHPLACE (STATE O COUNTRY) ARYLANC	R FOREIGN 7b.	US	//	MARRIE WIDOWE	DIVORCED [Baltimor Baltin	_			HTA	MD
	BALTO	13	RANK	LIN SOL	JARE	HOSPITAL	120 USUAL OF		WORKING L		HOM	
130 3	AL RESIDENCE (IF NU STATE	RSING HOME OR OTH 13b. COUNTY BAL7	FER INSTITUTION,	130. CITY OR TOW BALT		13d. INSIDE CITY LIMITS?	13e STREET AL	DAY	ZIP COD	EAK	-	21206 RRACE
14. F/	ATHER'S NAME	MiDI	DLE	AMEND		15. MOTHER'S MAIDEN NA PIRST	ME	MIDDLE			LAS	T
	VAS DECEASED EVE YES, NO OR UNKNOWN)	R IN U.S. ARMEI		216-09-9		JOHN A. SANG	LASS	561		YBR	ERK	TERRAC
	Conditions, if an gave rise to ir cause (a), statu underlying cau	WAS CAUSED B IMMEDIATE C y, which mmediate ting the se last.	DUE TO, O	BOODE RAS A CONSEQU RAS A CONSEQU	ENCE OF	Rumais					BETWEEN	MATÉ INTERVAL ONSET AND DEATH
CERTIFICATION	PART 2 OTHER SIG					NOT RELATED TO THE TERM	20a AUTOR		20b, IF YE	ES, WER	E FINDIN	NGS USED OF DEATH? NO
MEDICAL CER	21a ACCIDENT WAS U OR CONTRIBUTING (IF EITHER NOTIFY ME 21d INJURY OCCU	CAUSE OF DEATH DICAL EXAMINER)	P. 21e PLACE	M. MONTH D M.	19	21c. HOW INJURY OCCUR	RED (ENTER NATU	CITY OR TOV			DUNTY	STATE
	220.1 certify that	(did) (did not) v	July	24, 19		24, 19 87 and that in (aur) aprinion	, toJ death occurred	uly on the da	24, te and ho			

DIVISION OF VITAL RECORDS, 201 W, PRESTON ST.

DHMH - 16 60M 7/84 (VRA 15, 4)

ORTANT

236. DATE 7-28-87 23c NAME OF CEMETERY OR CREMATORY

MEDICAL STAFF
DIRECTOR PHYSICIAN

21237

ATTENDING PHYSICIAN

HARTLEY MILLER 7527 HARFORD 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

9000 Franklin Square Drive,

poge

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31	AIL	Ur	m	ARIL	ANU	

DEPARTMENT OF HEALTH AND MENTAL &

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CERTI	FICATE O	F DEATH

ΙΥGΙ	ENE	
	8 7 REG. NO. 9	146
d	26 DATE OF DEATH MONTH DAY	87 5:10 AM
)		UNDER 1 YEAR IF UNDER 24 HRS
	9 BALTIMORE CITY OR COUNTY O	COUNTY MD.
	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Sheet Metal Mech	
?		NADE. 2123
NAA	MIDDLE	Berkeley
te	rfield, Same as 1'	3e
_	failure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
2	Cemia	
-(0	er ciroma of l	lungs
RM M	- prangila	IN PAR TIO
		WERE FINDINGS USED NG CAUSES OF DEATH?
URR	ED (ENTER NATURE OF INJURY IN ITEM 18 PART	I I OR PART 2)
	CITY OR TOWN	COUNTY STATE
on d	teath accurred on the date and hour o	

- STATE REGISTRAR DECEASED NAME MIDDLE (TYPE OR PRINTS ner Paul 4 RACE 5. DATE OF BIRTH 3. SEX Male To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED WEVER MARRIED WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS BRKVILL YES [] NO [15. MOTHER'S MAIDEN 14 FATHER'S NAME MIDDLE Francis Satterfield Alice 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LIF YES, GIVE WAR OR DATES! Yes WWII Teresa Sat 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE Conditions, if ony, which gave rise to immediate couse los, stoting underlying couse 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 18 show 21c HOW INJURY OCC 71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME STREET FACTORY OFFICE, FARM ETC 1 NOT WHILE 220.1 certify that (I) (this haspital) attended the deceased from sow the deceased alive on_ and that in (my) (our) opin above, (1) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE DEGREE should be detach with the State Del IMPORTANT: If he STAFF ATTENDING MEDICAL PHYSICIAN 22e ADDRESS

DHMH - 16 60M 7/84

(VRA 15, 4)

Burial 24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

FOR

7-6-87

23c. NAME OF CEMETERY OR CREMATORY Holy Redeemer

23d LOCATION

Balto., Md. 25g DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

Leonard J. Ruck, Inc., 5305 Harford Rd.

Dandson.

2005-7940 CT T T -- Lips 8200-95

any injury, ar other traumatic event, the medica

IMPORTANT: If them 21 is marked or them 18 shaws,

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page 3

1 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH CERTIFICATE OF DEATH

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			10

REGISTRAK				· · · · · · · · · · · · · · · · · · ·		REG. NO.		1 4
I. DECEASED NAME FIRST		MIDDLE	l	AST	20. DATE OF DE	ATH MONTH	DAY YFAR	26 HOUR
	garetha		SCH	ARPF	July	30,	1987	8:00A ,
3. SEX	4 RACE		5 DATE C		6. AGE (IN YEAR	S LAST BIRTHDAY)	MONTHS DAYS	
Female	White		1	17 1887	100	YR		HOURS MIN.
TO BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8.	D NEVER MARRIED		CITY OR COUN	NTY OF DEATH	
Maryland	U.S.		WIDOWE		Baltimo	ore Cour	nty	M
10 CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NUR	SING HOME C	POTHER INSTITUTION	12a. USUAL OC	CUPATION IR MOST OF WORKIN		OF BUSINESS OR
Rosedale		in Squar		ital	House			stic
USUAL RESIDENCE (IF NURSING HOME 13a, STATE 13b, CO	OR OTHER INSTITUTION		FORE ADMISSION)	134 INSIDE CITY LIMITS?	13e.STREET ADI			A - 1
M 1	Ito:	Essex	OVVIN	YES NOT		rn Blvd		221
14. FATHER'S NAME FIRST	WIDDIE	Nieble	er	15. MOTHER'S MAÎDEN NA FIRST Margaret	ME	AIDDLE	ţA	ST
(YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	16b. SOCIAL SE 212-10-		17. INFORMANT Dorothy Wolf	4637 Do		Drive Md. 2104	2
18 CAUSE OF DEATH (Enter					EIIICOL	Pneumon		CIMATE INTERVAL ONSET AND DEATH
PART 2. OTHER SIGNIFICAN Infect 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	t conditions c	iti	TO DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	20a AUTOPS	Y? 20b. IF	YES, WERE FINDI RTIFYING CAUSE	NGS USED S OF DEATH?
21g. ACCIDENT WAS UNDERLYING	71b. TIME C	NE INTRIDV		11. HOW INTURY OCCUPA		0	YES	NO 🗌
	DEATH HOUR A	.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	KED (ENTER NATUR	OF INJURY IN ITEM	1B PART I OR PART 2)	
21d INJURY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFI		211 LOCATION STREET	C	ITY OR TOWN	COUNTY	STATE
AT WORK AI WORK			July	28, 87	Jul	/ 30,	. 87	
27a I certify that (this has sow the deceased alive above (we) (did) (did)			87	nd that in (par) (our) opinion	death occurred a	n the date and		that (we) los couses stated
226. SIGNATURE	t lun	w)	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAD	22c DATE 7/20/	SIGNED
22d. PHYSICIAN'S NAME (14F	eth Lum,	M.D.		9000 Frank	lin Squa	are Driv	ve, 2123	37
230. BURIAL, CREMATION, REMOV	AL 23b. DATE	2	3c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATIO		COUNTY	STATE
Bu rial	8/1,	/87	0aklaw	n		P	Batto.	Md
14 FUNERAL DIRECTOR HARRY H. WITZK	E 411:	2 Columb	oia Rd.	25901	E REC'D BY PEG	STRAR 256 REG	GISTRAR'S SIGNA	TURE

Ellicott City, Md. 21043

DHMH - 16 60M 7/B4 (VRA 15, 4)

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han Lygid olaboans Straight Sames Hopping . Designed in Descript I Eastern Blwd. g Late | Massey Lealing | bearing he Ewild tedeson of Vint along washed translations of the Ewild along the Ewild and the Ewild along the Ewild and the Ewild along the Ewild and t

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENG. - STATE CERTIFICATE OF DEATH REGISTRAR Catherine Schepers REG. NO L DECEASED NAME 20 DATE OF DEATH 7h HOUR LIYPE OR PRINTS nort 3. SEX 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH HOURS December 13, 1919 67 White To. BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED Baltimore County Maryland 10 CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Randallstown Baltimore County General Hospital None 13c CITY OR TOWN 1136 COUNTY 13e.STREET ADDRESS / ZIP CODE 106 North Marlyn Ave. 21221 Baltimore Essex Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST Angela Reuter Bernard J. Scheners ADDRES 54 Middlesex Road I MAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT medi Rosemary G. Kirkpatrick Baltimore, Maryland 6245 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause to stating the PART 2 OTHER-SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJUR 21c HOW INJURY OCCURRED HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMENER) 0 Pa NOT WHILE 22a L certify that (1) (this hospital) attended the deceased from 1/2 saw the deceased alive an ... and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated obave, (1) (we) (did) (did nat) view the body after death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL. STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 224 PHYSICIAN'S NAME (TYPE OFFRINT) 22e ADDRESS 23a BURIAL, CREMATION, REMOVAL 236 DATE 7/7/87 Etenezer Meth. Ch. Cemetery Baltimore County Maryland Burial

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUR

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR

Bruzdzinski Funeral Home PA 1407 Old Eastern Ave.

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DIRE

(VRA 15. 4)

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DIRECTOR hospitol

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Oct. 16, 1923

MARRIED NEVER MARRIED

13d INSIDE CITY LIMITS?

17 INFORMANT

15 MOTHER'S MAIDEN NAME

5. DATE OF BIRTH

WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Trött

16b SOCIAL SECURITY NO

218-14-5082

7		1	O
-	REG. NO.	1	1

LINE	70 DATE OF DEATH	07	12 ¹ 87	25. HOUR 11:05P M
BIRTH 196, 1923	6 AGE (IN YEARS LAST I	SIRTHDAY)		
NEVER MARRIED DIVORCED	9 BALTIMORE CITY BALT IMOR	OR COUN	TY OF DEATH	1 MD.
S ST.	Stepinor Prace			pof Business or ication
M INSIDE CITY LIMITS?	13. STREET ADDRESS 7719 Lee	ZIP CO	DE Pasa	21122 dena
Maryest	WIDDLE		Ara	atta
7 INFORMANT	ADD	RESS	L	asadena
Maurice G.	Schline	7719	Lee .	Dr.
IETS TO BRAIN	N & LUNGS		BETW	ROXIMATE INTERVAL EEN ONSET AND DEATH
\				
SYNDROME				
OT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION C	IVEN IN PAR	Tho
WAS PERFORMED	200 AUTOPSY?	IN CER	TIFYING CAU	IDINGS USED SES OF DEATH?

220 DATE SIGNED

Mchiate

STATE OF MARYLAND STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST MIDDLE 2a DATE O II.ENE SCHLINE

4 RACE

136 COUNTY

MIDDLE

[IF YES GIVE WAR OR DATES]

inne

white

U.S.A.

76 CITIZEN OF WHAT COUNTRY?

TYPE OR PRINTI 3. SEX FEMALE BIRTHPLACE ISTATE OR FOREIGN Maryland 10 CITY OR TOWN OF DEATH TOWSON USUAL RESIDENCE (IE NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE Maryland 4. FATHER'S NAME Harry 160 WAS DECEASED EVER IN U.S. ARMED FORCES? NES NO OR UNKNOWN) CERTIFICATION

troit 80 Nem MEDICAL ŏ morked If Item 22b. SIGNATURE

BP DHMH - 16 60M 7/84 (VRA 15, 4)

uld be detoched f

IMPORTANT

230 BURIAL, CREMATION, REMOVAL 23b. DATE 24 FUNERAL DIRECTOR Funeral Home Mt. Trick Neck Rds

23c NAME OF CEMETERY OR CREMATORY Glen Haven Mem Pk

DEGREE

22e ADDRESS

ATTENDING

PHYSICIAN

MEDICAL

GBMC-6701 N.CHARLES ST.

DIRECTOR PHYSICIAN

23d LOCATION GTen Burnie

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Les Dandern- Kandass

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) COLON CA. WITH METS TO BRAIN & I.III DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which THROMBOCYTOPENIA gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PARANEOPLASTIC SYNDROME PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEAS 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTO YES [21a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM, ETC.) NOT WHILE 05/03 87 07712 87 270.1 certify that (I) (this hospital) ottended the deceased from 57/12 saw the deceased olive on U// LZ
above, (II (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and haur and from the causes stated

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	1	0	5	5	(
RE	G. NO.				

Ц	20	DE ISTRAR				CERTIF	ICATE OF DEATH		REG. N	10.	-1 8	
		CEASED NAME	Velli	Vellie '	Virg	zinia	AST Schoepfl	lin	DATE OF DEATH	MONTH FI	DAY YEAR	7.25 P
١	3. SE)	6	4 -	4 RACE		5. DATE C	OF BIRTH	6	AGE IN YEARS LAST BE	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	1	Female		Wh	ite	MONTH	/ 39/11 YEAR		76	YRS	MONTHS DATS	HOURS MIN.
1		RTHPLACE (STATE OR F	OREIGN	Th CITIZEN OF	WHAT COUNTR	Y? B /	D NEVER MARRIED	9	BALTIMORE CITY	OR COUNTY	OF DEATH	
2	_	Maryland		U.S.A		WIDOWE	DIVORCED		Dato.	Coun	ty	MD.
Ş	7	TOW GON	1	ST IN SUC	100CP	HOOP	or other institution		20 USUAL OCCUPAT TYPE OF WORK FOR MOST Housewif	OF WORKING LIF		OF BUSINESS OR
rg	130 S	AL RESIDENCE (IF NURS STATE Maryland	136 COUN		GIVE RESIDENCE BEI 134. CITY OR TO Cheste	NWC	134 INSIDE CITY LIMIT YES NO			ZIP CODE	216	19
1) LFA	George 1		att	LAST		15. MOTHER'S MAIDEN FIRST Theres		. Roppelt		Į AS	
1		VAS DECEASED EVER VES NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	215-09-		Carrie M.	Bei	addr gel, 5107	De	altimor	
NOI	TION	Conditions, if ony, gave rise to imm couse to!, statin underlying couse PART 2 OTHER SIGN A Man	nediate g the lost.	1 he	ONTRIBUTING T	lises	Melle NOT RELATED TO THE	TERMIN	Vosel	na	16	
7	CERTIFICATION	19g DATE OF OPERAT	IION	196. CONDI	TION FOR WHI	CH OPERATIO	N WAS PERFORMED		200 AUTOPSY?	IN CERTIF	S, WERE INDII YING CAUSES S	
200	MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	CAUSE OF DEA	P.	M. MONTH M.	19	216 HOW INJURY OC	CCURRE	D (ENTER NATURE OF INJU		COUNTY	STATE
		220.1 certify that (I) sow the decease abave, (I) (we) (c	(this hospit				nd that in (my) (aur) api		_, toath accurred on the a			that (1) (we) last causes stated
		DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D							224 DATE	SIGNED		
/		EBRA		-	u up		740/	0	SLER	DA	1100	21204
		BURIAL, CREMATION,	REMOVAL	23b. DATE	0		EMETERY OR CREMATO	ORY	236 LOCATION CITY OR TOWN		COUNTY	STATE
		Burial		07-13-	-87 I	Parkwoo	d Cemetery	DATE	Baltimor	e City		Maryland

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR hould be detach th the State De MPORTANT. II

(VRA 15, 4)

Tom Helfenbein Funeral Home, Chester, MD 21619

1823 AUG-5	37 -	FOR STATE REGISTRAR		DEPA	RTMENT OF H	OF MARYLAND EALTH AND MENTAL HYGICATE OF DEATH	IENE REG. N	.19	151
y be age 3 deoth	(TYPE		GEORGIA RACE	AME	LIASC.	SCHULER SUPPLE	20 DATE OF DEATH	MONTH DAY 1 31	YEAR 26 HOUR 460
ector p	3. SE	KXKXX Femal		te		. 12 ^{DAY} 1900	86	YRS	
oth. Po.		RTHPLACE (STATE OR FOREIGN PARTY) land	76 CITIZEN OF U.S		RY? 8 MARRIEI WIDOWE	NEVER MARRIED	BALTIMORE CITY O	COUNTY OF	DEATH
_ 美美量/升	1	E WSON	Stol	HEACHITY, GIVE ST	RSING HOME C	FOTHER INSTITUTION	12d USUAL OCCUPAT (TYPE OF WORK FOR MOST O Bookkeepe	SEWORKING HEEL	126 KIND OF BUSINESS OR INDUSTRY Lumber
tilled in	13a S	RESIDENCE (IF NURSING HO) TATE laryland	we or other institution OUNTY Baltimore	13c. CITY OR T	OWN	130. INSIDE CITY LIMITS?	13e.STREET ADDRESS . 309 Alle	zip code gheny A	ve. 21204
MARYL ompletely ord 2 sh	14 FA	THER'S NAME Frank	Martin		huler	IS MOTHER'S MAIDEN NA Amelia	Doro	thea	Will
on and co	16a V	VAS DECEASED EVER IN U.S ES, NOOR UNKNOWN) (IF YE	ARMED FORCES? S GIVE WAR OR DATES)	217-05		Raymond Gedd	es Jr. 503		ook Road 2121
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 1.2. 1.3. 1.4. 1.5. 1.6.		PART I. DEATH WAS CA IMME Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lass	DUE TO, O	R AS A CONSE	STORTU OUENCE OF	Colon	Carcer		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TALRECORDS, 20 The line committee the first period of their pe	CERTIFICATION	PART 2 OTHER SIGNIFICA 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYIN	195 COND	ITION FOR WH		NOT RELATED TO THE TERM WAS PERFORMED 216 HOW INJURY OCCUR	200 AUTOPSY?	206. IF YES, W IN CERTIFYIN YES [/ERE FINDINGS USED IG CAUSES OF DEATH?
DIVISION OF VI	MEDICAL C	OR CONTRIBUTING CAUSE OF CEITHER NOTIFY MEDICAL EXA 21d. IN JURY OCCURRED WHILE AT WORK AT WORK	PEATH HOUR A P. 21e PLACE (AT HOME ST	M. MONTH M. OF INJURY REET FACTORY, OFF	19 ICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO		COUNTY STATE
TITAL OR ATTEND by the hospital or sea to telegrope detached for unit to telegrope. NT. If them 21 is not telegrope.		22a I certify that (I) this I saw the decondary above, (I) we) (did (d 22b. SIGNATURE	a not) view the body	ofter death.	Y		death occurred on the d	FF V	and from the causes stated
2 HOSE to read to hould be work the 5		Carla S.	Alexande	r, M.D.		220 ADDRESS Stell	a Maris	wson M	D 21204
BP	230. 8	URIAL, CREMATION, REMO	236 DATE 8-5-			emetery or crematory	234 LOCATION		OUNTY Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Mitchell-Wiedefeld Home 6500 York Road 21212

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

87-19152

	LK/	REGISTRAR		4011111			REG. NO.				
•		CEASED NAME FIRST Elizab	eth D.		vener		20 DATE OF DEATH	7 28	87 S	26 HOU	
	3. SEX	Female	4 RACE White	5. DATE (1902	6 AGE (IN YEARS LAST BI		IF UNDER I YEAR	IF UNDER	24 HRS MIN.
>		RTHPLACE (STATE OR FOREIGN COUNT Maryland	76 CITIZEN OF WHAT CO	MARRIE		VORCED	Baltimore City				MD
	10 CI	Baltimore	11. NAME OF HOSPITA 209 PREGEST	L, NURSING HOME (TITUTION	17a USUAL OCCUPAT (TWO OF WORK FOR MOST HOMEMAKET		126 KIND O INDUSTRY	F BUSINE	SSOR
	13a S	AL RESIDENCE (IF NURSING HOME O	atto.	S210WN	138. INSIDE C	. 2121:	2				
)	14. FA	John	M. I	Pent		FIRST LTY	WIDDLE		Turi	ner	
		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GO	VE WAR OR DATES)	CIAL SECURITY NO74-4786	17 INFORMA Frank	21	L08 ADDR Lvener 1796	ESMille Sever	n Chape	e, Mo	oad
	CERTIFICATION	PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION		ITING TO DEATH BUT				20b IF YES,	WERE FINDIN	NGS USED	
7	MEDICAL CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	R) P.M.	ONTH DAY YEAR			YES NO	YES		NO []
	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJUI (AT HOME, STREET, FACTO		211. LOCATIO	ON ON	CITY OR TO	NWC	COUNTY	\$1	I A TE
		220. I certify that (I) this hasp sow the deceased alive or above, (I) (we) (did) (did in	11 7/2	3 19 <u>87</u> , or		(our) opinion o	deoth occurred on the o	lote and hour		tho (I) (w causes sto	
		27b. SIGNATURE	- 4	MD.		7	MEDICAL STA		7/2	8/8	7
/		S. Laiken	OR PROHIT)		22e ADDRES 6805		Road 21212		/	/-	
	23a. B	BURIAL, CREMATION, REMOVAL SPECIFBUTIAL	7-31-87	New Cat	hedral	Cemeter	23d LOCATION Baltim	ore	COUNTY	Мд	ATE
	24 Ft	Mitchell-Wied	efeld 6500	York Rd.	21212	JUL 250 DATE	ST 1987	25) REGISTR	AR'S SIGNAT	VIRE daes	6

DHMH - 16 60M 7/84 (VRA 15, 4)

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FOR STATE

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DEP	RTMEN	IT O	FHE	ALTH	AND	MENTAL	HYGIENE	
	C	ERI	IFI	CATE	OF	DEATH		

0	REG. N	10.	9	i	5	3
DATE OF D	EATH	HTMOM	DAY	YEAR	2b HO	JR
24 1		7	20	87	111	
AGE (IN YEA	RS LAST B	RTHDAY)	IF UN	DER I YEAR	IF UNDER	24 HRS
			MONTE	15 DA15	HOURS	MIN.

REGISTRAR				CERTIF	ICATE OF DEATH	0 /8	EG. NO.	9	5 3	
PENASED NAME	FIRST		MIDDLE	1	AST	20. DATE OF DE	ATH MONTH	DAY YEAR	26 HOUR	
PEOG PRINT)	RICHA	RD		SE	ABURS	28 3	7	20 87	M	
SEX		4 RACE		5. DATE C		6 AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAT		
Male		Wh:	ite	Jun		80	YI	RS.	S HOURS MIN.	
BIRTHPLACE (STATE	TE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARDIE	DEVERMARRIED	9 BALTIMORE	ITY OR COU	NTY OF DEATH		
Marylan	d	USA		WIDOWE		Baltim	ore Cou	inty	MD.	
CITY OR TOWN OF	DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCC			OF BUSINESS OR	
Catonsvi		5212	2 Wilkens	Aven	ue	Ship Fi			. Steel Co	
STATE Maryland	136 COL		136 CITY OR TOW Catonsv	N_	13d INSIDE CITY LIMITS?	13e STREET ADD	RESS / ZIP C	Avenue,	21228	
FATHER'S NAME				THE S	15. MOTHER'S MAIDEN NA				7.75	
UNKNO	NM	WIDDLE	Seabu	rs	Rosalie	M	DD1E	Lea	anheart	
WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SE				IRITY NO.	17. INFORMANT	11 -	ADDRESS			
YES, NO OR UNKNOW	(IF YES, G		218-05-	0186	Helen M. Sea	burs, 52	12 Will	cens Ave	nue	
TIS CAUSE OF D	FATH (Enter o	inly one cause per	late late late an	d (c	-0 (Δ.	^	APPRO	DXIMATE INTERVAL N ONSET AND DEATH	
PART I. DE A	THWASCAUS	ED BY:	Saus.		2. (X) CALCONS	MA AP	Viena	6	24	
	IMMEDIA	TE CAUSE (a)	C Transport	aret-		1111			7114	
		DUE TO, O	RAS A CONSEQUI	ence of		1	1	2 17		
Conditions, if		(b)_								
gave rise to		DUETO	R AS A CONSEQUI	ENCE OF				1		
underlying o	ause lost	(c)								
	SIGNIFICANT	CONDITIONS	ONTINUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OF	CONDITION	GIVEN IN PART	110	
190 DATE OF OF	Congeste se keart ta			410						
190 DATE OF OF	ERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY	? 20b. II	YES, WERE FINE	DINGS USED	
1870191	1		O			IN CERTIFYING CAUSES OF DEAT			NO [
210. ACCIDENT W			FINJURY M. MONTH D	AV VEAD	21c HOW INJURY OCCUP	RRED (ENTERNATURE	OF INJURY IN ITEA	18 PART OR PART 2	1	
OR CONTRIBUTING	MEDICAL EXAMIN	AIH	M. MONTH D	19						
(IF EITHER NOTIFY		21e PLACE	OF INJURY		211 LOCATION		TY OR TOWN	COUNTY	STATE	
AA LATE N	OI WHILE	(AT HOME ST	REET FACTORY OFFICE F	ARM ETC)	STREET		YORTOWN	COUNTY	STATE	
-		odal afterged to	Secessed from	0	19.85	to		19 87	, that (I) (we) last	
saw the de	consideration of	MINE	oftward other	84 0	nd that in (my) (mus) apinion	death accurred or	the date and	hour and from th	ne couses stated	
JA SIGNATUR	Court Mind I	of: New the body	211	1	DOCREE		1 - 0	22c DA	TE SIGNED	
1-7	mas	KI	Like VV	/ 1	ATTENDING PHYSICIAN	MEDICAL DIRECTOR 1	STAFF	7.	70.87	
NO PHYSICIAN	NAME LIST	Chessel .	The same of the sa	7	-ADDRESS	DIRECTOR	TH SICIAIN	7 1	9001	
Great	HUNT	Mel	He, M	5	720 Ma	idea Cho	ice Ch	Ball	2828	
. BURIAL, CRIMA	AVOM R MOVA	1 774 DATE	230 1	NAME OF C	CEMETERY OR CREMATORY	23d LOCATIO				
(SPECIFY) Bu	rial	7/22	/87 Ce	dar H	ill Cemeterv	Brookl		A.A.	Maryland	
ELINIEDAL DIDECTO		-	1,00			TE DEC D. BY DECL			1	

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed lishould be detached for use as the burnal-transit permit. Then plea with the State Dept. of Health and Mental Hygiene priar ta burnal.

IMPORTANT: If them 21 is marked or them 18 show

TENDING PHYSICIAN: The low

21229 Hubbard Funeral Home, Inc., 4107 Wilkens Ave

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CEASED NAME FIRST		CERTIFICATE OF	DEATH 8	REG. NO.	9 1 5	dy
ORPRINT)	MIDDLE H.	SEGALOFF		uly 3, 1987	DAY YEAR 2b	83
x Female	Japanese	5. DATE OF BIRTH MONTH June 22,		(IN YEARS LAST BIRTHDAY) 59	MONTHS DATS H	UNDER 24 H
	76 CITIZEN OF WHAT COUNTS U.S.A.	MARRIED - NEVEL	R MARRIED L	MORE CITY OR COUNT	TY OF DEATH	
Towson	607 Galliton	Lane, 21204	(TYPE OF		126. KIND OF B	
AL RESIDENCE (IF NURSING HOME OF ITATE aryland Balt	NOTHER INSTITUTION, GIVE RESIDENCE BE NITY 130. CITY OR TO LIMOTE TOWSO	DWN 13d. INSIDE YES	CITY LIMITS? 130.STRE	FT ADDRESS / ZIP CON	Lane, 21	204
Kameroku	MIDDLE GOTO			WIDDLE	Hâcl	niya
VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GI				ADDRESS loff, same	e as #13e	
19a. DATE OF OPERATION				AUTOPSY? 20b IF YI	ES, WERE FINDINGS	
OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	INJURY OCCURRED (ENTE			
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFI			CITY OR TOWN	COUNTY	STATI
	n 12 15	m MA MA		urred an the dote and ho	. 19 <u>87</u> , tho our and fram the cau	ses state
100 000 000 000	100.10	DEGREE	ATTENDING MEDIC	CAL STAFF	22¢ DATE SIG	IST
Carla L	4 celepan		PHYSICIAN DIRECT	OR PHYSICIAN	1.10	
22d. PHYSICIAN'S NAME (TYPE C Carla S.	Alexander, M.	D. 22° ADDR	^{ESS} laney Valley	/		
I A	AL RESIDENCE (IF NURSING HOME OF STATE ATYLAND 136 COURSTATE ATYLAND 136 COURSTATE KAMEROKU WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost PART 2 OTHER SIGNIFICANT (1) 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE) 210. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE AT WORK	TOWSON ALRESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE STATE IS COUNTY BALTIMORE ATHER'S NAME KAMEROKU ANDLE KAMEROKU NAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO OR UNKNOWN) IB CAUSE OF DEATH (Enter only one couse per line for (a), (b), PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSECTION OF THE COUNTY OF THE COUSE (b), Stating the Underlying couse lost (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO RECONTRIBUTING CAUSE OF DEATH (FEITHER NOTIFY MEDICAL EXAMINER) 216 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (FEITHER NOTIFY MEDICAL EXAMINER) 216 INJURY OCCURRED WHILE OF OPERATION 216 INJURY OCCURRED WHILE OF INJURY 1790 Levertify that ((C) this bosoital buttended the deceased from the control of the couse of	TOWSON AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE ATHER'S NAME FIRST ATHER'S NAME KAMEroku MADLE KAMEroku MADLE MIDDLE KAMEroku MADLE MIDDLE MADLE MA	RTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 WARRIED NEVER MARRIED 9 BALTI U.S.A. WIDOWED DMORCED 18 17 OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 170 USON 60° GalTiton Lane, 21204 170 USON 120 USON	RETHPLACE (STATE OF POREAGN DATE) A	REPHETACE ISTATE OF PORTION JAPAN J

MITCHEST ACTIONS

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completely filled in by the funeral director page 3

executed within 24 hours ofter deoth. Page 4 may be

STATE OF MARYLAND

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Q	1	19	1-3
	3	-	

11.	FOR STATE			ALTH AND MENTAL HYG	TIENE	0 1 5 5	
-9	REGISTRAR		CERTIFIC	ATE OF DEATH	O / REG. NO.	7 1 2 2	
	CEASED NAME FIRST	MIDDLE	LAS	Ť	20 DATE OF DEATH MON	10	UR
(TANE	Dor	othy	Sewa	rd	7	7 06 87	
3. SEX	Х	4 RACE	5 DATE OF	BIRTH YEAR	6 AGE (IN YEARS LAST BIRINDA	MONTHS DAYS HOURS	
	F	W	MONTH 1 1	29 07	78	YRS	
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8	□ NEVER MARRIED □	9 BALTIMORE CITY OR CO	OUNTY OF DEATH	
	COUNTRY		WIDOWED		BAHe	CO	
10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL		OTHER INSTITUTION	126 USUAL OCCUPATION	126 KIND OF BUSIN DRKING LIFE) INDUSTRY	1ESS
	CATONSVILLE	MERIDIAN	NURSING	HOME	TRUANT OFF	ICER SCHOOL	SY
	AL RESIDENCE (IF NURSING HOME			3d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZII	P CODE	2/
	MD 13	G TO BAT	TO	YES NO D	26101 Lind		7
I4 FA	ATHER'S NAME	WIDDLE	LAST	5 MOTHER'S MAIDEN NA	ME	LAST	
1	HOWARD		EWARD	ALTCE		GEYER	
	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOC		7 INFORMANT	ADDRESS		
(1	YES, NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)	3-27-4720	MERIDIAN	NURSING HO	ME	
	18 CAUSE OF DEATH (Enter			0	NONDING IIO	APPROXIMATE INTE	ERVA JD DE
	PART I DEATH WAS CAU		-da	-			
	IWWED	IATE CAUSE (a)	1				
	Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A CO	U	renary l.	act in foil	son sourced	a
CERTIFICATION	PART 2 OTHER SIGNIFICAN	left legu	TING TO DEATH BUT N	SIl Sastro.		IF YES, WERE FINDINGS USE	
FE			Line-		YES TO NOT	CERTIFYING CAUSES OF DEA	
H H	210 ACCIDENT WAS UNDERLYING		NTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM IB PART I OR PART 2)	
AL	OR CONTRIBUTING CAUSE OF	DEATH	NIH DAT TEAR				
MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJUR	Y	211 LOCATION	CITY OR TOWN	COUNTY	STAT
E	WHILE NOT WHILE T	(AT HOME STREET FACTO	RY OFFICE FARM ETC)	SIMERI	thr or lowe		STAT
	22a.1 certify that (1) (this ha	spital) attended the decease	ed from	7/4 19 8/	10 7/L	19 8 7 that (IL)	(we
	sow the deceased alive	on 1/6	19 8 7 one	that in (my) (our) opinion	death occurred on the date of	and hour and from the causes st	stote
	27b SIGNATULE	not) view the body ofter dec		EGREE		220 DATE SIGNED	0
	Janu	nox	tin in	ATTENDING	DIRECTOR PHYSICIAN	7/6/87	7
	224 PHYSICIAN S HAME (174	PE OR PRINT		220, ABDRESS Mallera	HILIPA	Rolf hold	12
73o F	BURIAL, CREMATION, REMOV	AL 236 DATE	23c NAME OF CE	METERY OR CREMATORY	23d LOCATION		_
	(SPECIFY)			TILLI ON CHEMINION	CITY OR TOWN	COUNTY	STAT
1	REMOVAL	7-6-87			1		

DHMH - 16 60M 7/B4

24 FUNERAL DIRECTOR

BP.

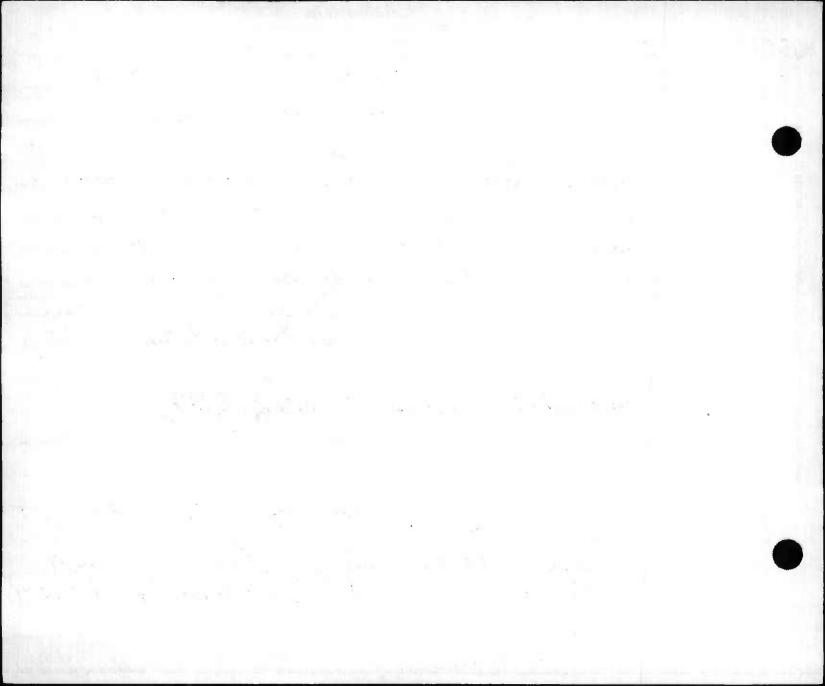
TO FUNERAL DIRECTOR, after this certificate has been signed by the other should be detached for use as the burial-transit permit. Then please remove with the State Dept. of Health and Mental Hygiene prior to burial, cremotion

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the retained by the hospital or attending physician.

(VRA 15, 4)

STATE ANATOMY BOARD

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



executed within 24 haurs after death. Page 4 may be

poge 3

signed by the ottending physicion and completely filled in 11/2 the time time the please remove corbon papers. Pages 1 and 2 should be filled — time 72 to

STATE	OF	MARYLAND

			1111711111	MIND	
PARTMENT	OF	HEAL	TH AND	MENTAL	HYGIENE

1	1 - STATE		DEPARTMENT	T OF HEALTH AND MENTAL HY	GIENE				
	REGISTRAR		CE	ERTIFICATE OF DEATH	10. 9	1 5 6			
1		MOLLIE.	MIDDIE	SHANEY	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR	8	
1	(TYPE OR PRINT)	OLLI	6 8	hanty	(税)	7-1	87 4A'	WW	
1	3. SEX	4 RACE	5.1	DATE OF BIRTH	6 AGE IIN YEARS LAST BE		DER I YEAR IF UNDER 2		
ı	tem Al	e w	hule	6 - 15 - 01	86	YRS	S DAYS HOURS	MIN.	
d	70. BIRTHPLACE (STATE OR FORE)	GN 76 CITIZEN OF	WHAT COUNTRY? 8.	ARRIED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF D	EATH		
	New York U.S.A.			DOWED DIVORCED	1 1 0 77	to Co	unly	MD.	
1	10 CITY OR TOWN OF DEATH			OME OR OTHER INSTITUTION		12a USUAL OCCUPATION 12b. KIND OF BUSINESS			
4	Towsor	V Many	T Care !	Ruston	Homemaker		Own Home		
7	USUAL RESIDENCE (IF NURSING F	OME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMI	ISSION)	13e STREET ADDRESS	/ 7ID CODE			
	Maryland	COOM	Baltimor		5500 Kne1	1 Ave.	21206		
	14. FATHER'S NAME			15. MOTHER'S MAIDEN N					
	Solomon	WIDDLE	Goldstein	Yetta	WIDDLE	17:	nknown		
	160 WAS DECEASED EVER IN U	I.S. ARMED FORCES?	16h' SOCIAL SECURITY		ADDR	ESS	IKHOWII		
1	NO (YES, NO OR UNKNOWN)	YES, GIVE WAR OR DATES)	215-48-81	Dr. Frank	k Shanty - s	ame as #	130		
	18 CAUSE OF DEATH (E	ater calv can save and		05	v bhairey 3	ane as #.	APPROXIMATE INTERV BETWEEN ONSET AND D	/AL	
	PART I DEATH WAS	CAUSED BY	Aprilo	Stonles			HA	DEATH	
	IMA	MEDIATE CAUSE (0)	7,000	71101000			110011		
	C-de- 4		r as a consequence	OF					
1	Conditions, if ony, wh	ote							
ı	couse (o), stoting underlying couse li	the DUE TO, O	R AS A CONSEQUENCE	OF					
	DADI 2 OTHER SICALIS	(c)	CALIFORNIA TO DEAT	H BUT NOT RELATED TO THE TER					
ı		ANT CONDITIONS CO	DNIKIBUTING TO DEAT	H BUT NOT KELATED TO THE TER	WINAL DISEASE OR COM	IDITION GIVEN IN	PARI IIo		
-	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY	I III COND	ITION FOR WHICH OPE	RATION WAS PERFORMED	20a AUTOPSY?	20h, IF YES, WER	RE FINDINGS USED		
4	FIG				VES D NOW	IN CERTIFYING	CAUSES OF DEATH	1?	
۲	21a. ACCIDENT WAS UNDERLY	ING 21b. TIME O	FINJURY	21¢ HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR				
	OR CONTRACTOR CAUE	OF DEATH	M. MONTH DAY	YEAR	THE TENTENT OF THE	AN IN THE MICH TO THE TO	N 1 2 N 1 2 1		
	(IF EITHER, NOTIFY MEDICALE 21d. INJURY OCCURRED	(AMINER) P		19 211 LOCATION					
ı	ANUTE NOT WHITE		REET, FACTORY OFFICE, FARM, E		CITY OR TO	DWN CC	OUNTY STA	ATE	
١	AT WORK AT WORK				11 2 1		6.5		
١	22a.l certify that (I) (this saw the deceased o	-7	deceosed from	, and that in (my) (aur) apinio	n death accurred on the	late and hour and	that (I) (w		
ı	obove, (1) (we) (did) : 22b. SIGNATURE	did not) view the body	efter death. 0/	DEGREE	. death accorded on the c			eu	
ı	11. SIGNATOR	13.1.		ATTENDING		AFF	7 - / A -	2	
ł	THE PHILIPPET AND SHARE	TIME OF PRINTE	lm	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSI		, 01		
	4	ILADI "	WD	7600 DS	LER D	· Touce	4 M12	1204	
4			ν.Ο.	1000 05	LER D	10 00 28	11104		
	23a. BURIAL, CREMATION, REN			E OF CEMETERY OR CREMATORY	CITY OR TOWN	con	NTY STA	ATE	
	Burial	7-6-8	7 Gard	lens of Faith	Balto.			Md.	

DHMH - 16 60M 7/84

BP.

TO FUNERAL DIRECTOR: After this certificate has been TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

> Burial 7-6-87

24 FUNERAL DIRECTOR

1050 York Rd. Ruck Towson Funeral Home, Inc., Towson, Md. 21204

(VRA 15, 4)

should be detached for use as the burial-transit permit. Then please rembuse carbon papers. Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MEMORTANI. If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical elements.

RYREGISTRAR 156 REGISTRAR'S SIGNATURE

I was a supply JUL U 2 1967 (11) STANDER PLANE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	(TYPE OR PRINT)				W. DAIL OF DEATH		100-	20 11001			
1	Thom	nas Henry	She	eats, Jr.	July	25,	1987		M		
1	3. SEX	4. RACE	5. DATE C		6 AGE (IN YEARS LAST	BIRTHOAY)	MONTHS DAYS	IF UNGER ?	24 HRS MIN.		
1	Male	White		ch 12, 1913	74	YRS		110000	gevila.		
-	To. BIRTHPLACE (STATE OR EOREIGN	75 CITIZEN OF WHAT COUNTRY	2 8	D MEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH				
	Maryland	USA	WIDOWE		D-IA:						
V	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	NG HOME C		12a USUAL OCCUP.	ATION	12b. KIND OF	BUSINE			
	Sparks	15031 Pricevil		ad	Auditor-	St. of	VID Retail	Sal	esTa		
0	USUAL RESIDENCE (IE NURSING HOME OF	R OTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION)								
1	Maryland Bal	timore 13c. CITY OR TO		13d INSIDE CITY LIMITS?	15031 P	s/zipcot ricevil	le Road.	#21	152		
4	14. FATHER'S NAME	timore Spark.	,	15. MOTHER'S MAIDEN NAM							
V	Thomas	Henry Sheat	•	Mary	Joseph	ine	Hoffma	ın			
4	160 WAS DECEASED EVER IN U.S. AF			17. INFORMANT		DRESS					
1	(YES, NO OR UNKNOWN) (IF YES, GI	W 2 579-44-			ate 15031	Priceville Rd. Spark					
1				Maryland 21		111001					
1	PART I. DEATH WAS CAUSE	nly one cause per line for 101, (b), o	0 /0		0/1		BETWEEN	MATE INTERVINISET AND I	DEATH		
	IMMEDIA	TE CAUSE (0) VERY	Celler	- gallegeo	yxoa						
		DUE TO OF AS A CONSEQU	JENCE OF	and Deal							
	Conditions, if any, which gave rise to immediate	10 13 Ches	uic	carde o we	sparky		-		_		
	cause (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF	as los A	1 0						
1	underlying couse lost	10 Coroxe	ery	arsery or	gease,						
		CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED THE TERM	INAL DISEASE OR CO	ONDITION G	IVEN IN PART To				
	2 3/P Corone	re astery	Les	Ja85.	T	Lander visco average so					
g	S/P Caronal 19a DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	Map CONDITION FOR WHIC	H OPERATIO	WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?						
	2 2 2				YES NO YES NO						
1	OR CONTRACTOR CALLES OF DE		DAY YEAR	AY YEAR 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART							
	(IF EITHER NOTIFY MEDICAL EXAMINE		19								
	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET EACTORY OFFICE	FARM ETC.)	211 LOCATION STREET	CITY O	RTOWN	COUNTY	51	TATE		
	AT WORK NOT WHILE			,							
		ottended the deceosed from	00	19 75		22	19 7. 1	hor (1) (1	va) last		
	saw the deceased alive or above (1) was (did no	of view the body after death.	X	nd that in my (aur) apinian a	death accurred an the	date and ho	out and from the c	ouses sta	ited		
	22b. SIGNATURE	. 0		DEGREE			22c. DATE S	SIGNED			
	10) Huto	seto of Mo.		ATTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	SICIAN [7/2	7/8	7		
	226. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e. ADDRESS			- /	1			
	Joseph D'Amb	nio, M.D.		7401 Osler	Drive, To	wson, A	AD 21204				
	23a. BURIAL, CREMATION, REMOVAL		NAME OF C	EMETERY OR CREMATORY	23d LOCATION						
	Burial	7/28/87 W	oodlaw	n Cemetery	Woodlaw	n, Balti	more Co,	MD.	ATE		
	24. FUNERAL DIRECTOR				E REC'D. BY REGISTR						
	Martin D. Lawso	n 10 W. Padonia	Road	I. Timonium	2 8 1987	yulia	Desident	andre	de		
- 1	I ITIGI LIII D. Lawso	ii, io iii i addilla		,	0 100/	101	Table 1	7			

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If hem 21 is

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H	m that the death certificate be executed within 24 hours ofter death. Page 4 may b
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TAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	hou
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completely filled in by the funeral director, page 3 and 2 should be filed within 72 hours after death

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	8
	-

FOR STATE REGISTRAR				CERTIF	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	8 7 REG. N		vi B	5 8
1. DECEASED NAME {TYPE OR PRINT}	Wal 1		Sheehan	· ·	AST	July 2,	1987	Y YEAR	26 HOUR
3. SEX		RACE W		S. DATE O	5. 26°, 1917°	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
70 BIRTHPLACE (STATE O COUNTRY) York	FOREIGN	USA	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY O	_		
Ruxton		11. NAME OF HOSPITAL, NURSING HOME O (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Manor Care — Ruxton				12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Engineer		126 KIND OF BUSINESS OR INDUSTRY Chemical	
130. STATE Md.	13b COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimor	N	YES NO	13e STREET ADDRESS . 5610 York		21	212
James	s Sheel	nan	LAST		Georget	te Paroz		LA	51
160 WAS DECEASED EVE		MED FORCES?	166. SOCIAL SECU 114 03 8		Mrs. Jill W	iles 5220		y Way	-12
18 CAUSE OF DEA PART I. DEATH	TH (Enter onlows CAUSED	BY:	line for (o), the one	. 0	monany as	rest		APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
Conditions, if on gove rise to in couse (o), stat underlying caus	y, which nmediote ing the	DUE TO, O	R AS A CONSEQUE	rov	ascular	accident	t	5 h	nonths
	SNIFICANT C	ONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1	0
190. DATE OF OPERATION 190. CONDITION FOR WHICH 1710. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH OUR A.M. MONTH D 118 EITHER NOTHY MEDICAL EXAMINER) P.M.			OPERATIO	N WAS PERFORMED	206 AUTOPSY?	20b. IF YES, V IN CERTIFYII YES	NG CAUSES	NGS USED OF DEATH?	
			M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM TB PART	T OR PART 2)	
21d INJURY OCCU	RRED	21e PLACE			211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
22a I certify that		ol) attended th		an	19 87	10_ July	, 19	87	that(I)(we) lost

sow the deceosed olive on June 28 obove (11) we) (did) ((iid not) view the body ofter deoth 27b. SIGNATURE

7/2/8

22d PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS

23a. BURIAL, CREMATION, REMOVAL Cremation

7/3/87

23c NAME OF CEMETERY OR CREMATORY Green Mount Cem.

DEGREE

23d LOCATION
CITYOFTOWN
Baltimore, Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

O FUNERAL DIRECTOR.

PORTANT, F Nem 21 ould be detuched to th the State Dept. of

> 24 FUNERAL DIRECTOR MITCHELL-WIEDEFELD HOME, INC. 6500 York Rd.



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resting TELT rest makes. Althorough

(VRA 15, 4)

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DADVACAL	. 0				T11		681

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

627 JUL	24	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HY ICATE OF DEATH	(3) / REG.		1	5 9
poge 3		CEASED NAME E OR PRINT)	Glad;	ys	Ann	She	k k	July 21,	1987	AY YEAR	2b HOUR
ctor poe	3 SE	× Female		4 RACE	ite	5. DATE O		6 AGE (INYEARS LAST)		FUNDER 1 YEAR	IF UNDER 24 HRS
	7a 8	RTHPLACE (STATE OF I COUNTRY) Balto		U.S.A		MARRIE WIDOWE	NEVER MARRIED	Balto. C		OF DEATH	MD
1110	7	TY OR TOWN OF DEA	ATH	1300 F	HOSPITAL, NURSII CH FACILITY, GIVE STREET OPLAT AV	ADDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPA House Wi			OF BUSINESS OR
and the second	13a	AL RESIDENCE (IF NURS STATE Md.	136 COUN Bal	OTHER INSTITUTION	GIVE RESIDENCE BEFOR		138. INSIDE CITY LIMITS? YES MO	131300 19895	ar Ave.	07,	1227
1 630) 14. F	George		AIDDLE RC	esler		Louise	MIDDLE		LA	
	160	WAS DECEASED EVER YES NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	166 SOCIAL SECT	JRITY NO.	17 INFORMANT Pop Mr. Charle	lar Ave. ADD s F. Shek	Arbutu	s, Md	. 21227
		18 CAUSE OF DEAT PART I. DEATH W	AS CAUSE	y ane cause pe) BY E CAUSE (a)	r line for (a), (b), ar	ndiesel	Cir. A	nreal		BETWEEN	(MATE INTERVAL ONSET AND DEATH
signed by the attending the place contains the bursel, cremation, as your yor other traumats.	NO	Canditians, if any, gave rise to immediate to immediate to immediate to the cause to the cause the cause to the cause the caus	nediate ng the last	DUE TO, C	110	ENCE OF	tatu an	uner	ANCE NOTION GIVE		0
the low re on the bear the permit.	X SITE CATE	190 DATE OF OPERA	8.	196 CONE	OUTION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, IN CERTIFY YES		NGS USED S OF DEATH?
SECIAN- ing physic certificate rightons errol Hyg frem III st	CAL CE	210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEA	HOUR A	.м.	AY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF IN	JURY IN (TEM 18 PAI	RELOR PART 2}	< 112
offer the free the ford M shader	MEDIC	21d INJURY OCCUR			OF INJURY REET FACTORY, OFFICE.	FARM, ETC)	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
ATTENDI oppidio CTOR A discussion Newl			ed alive an.		7-11-19		7 - 5, 19 8 nd that in (my) (aur) apiniar	ta	date and hau		
Y the horal ALL DIRE detached tote Dept.		126 SIGNATURE	Qu	e			DEGREE ATTENDING PHYSICIAN		AFF ICIAN [720 DATE	SIGNED S
O HOSPITA etained by TO FUNERAL should be de with the Stat		226. PHYSICIAN'S NO	AME (IV	501	CE		22 S	S. Gre	en	e l	<i>t</i> .
BP		BURIAL, CREMATION, (SPECIFY) Burial			24,1987 L	oudon	Park Cem.	Balto.			Md. STATE
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	UN S	To An	is & ADDRESS	1511	30 LT. 250 DA	TE REC'D. BY REGISTRA	R 25b. REGISTR	AR'S SIGNA	TURE

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and the second of the second o

206

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar ather traumatic event, the

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STATE OF MARYLAND

-	I MIL OI III	MILLENIE	
DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
CER	RTIFICATE	OF DEATH	0

Nelson Ray SHIFFLETT July 22, 1987 8	1:30A M
Nejson Ray SHIFFLETT July 22, 1987 8	:30A M
	UNDER 24 HRS
Male White 10 19 1942 45 YRS MONIHS DATS H	OURS MIN.
BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? & MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH	
Maryland U.S.A. WIDOWED DIVORCED Baltimore County	MI
Rossville 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Franklin Square Hospital 112. USUAL OCCUPATION (1179E OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Truck Driver. Transpo	
SUAL RESIDENCE HE NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 6. STATE 136. COUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS / ZIP CODE	<u>n tati</u>
Maryland	
FATHER'S NAME FIRST Kye H. Shifflett Mode First Maggie Middle First Robe	rte
WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	11.12
Yes, No or Linknown) Vietnam 218/36/0688 Ida Marie Shifflett (wife same as 13e	
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Respiratory Arrest	SET AND DEATH
IMMEDIATE CAUSE (a)	
DUE TO, OR AS A CONSEQUENCE OF Conditions, if any which (Metastatic Lung Carcinoma	
10	
gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF	
underlying couse lost	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110	
190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDING: IN CERTIFYING CAUSES OF YES NOW YES 210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
YES NO XX YES I	NO 🗌
(IF EITHER, NOTIFY MEDIC ALEXAMINER) P.M. 19	
OR CONTRIBUTING CAUSE OF BEATH (IF EITHER, NOTIFY, MEDICALE EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY [IA HOME, STREET, FACTORY, OFFICE, FARM, ETC.] STREET CITY OR TOWN. COUNTY	STATE
AU WORK A WORK A	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	or (we) los
sow the deceased alive an JUTY 22 19 87, and that in (au) (our) opinion death occurred on the date and hour and from the courabove, (if (we) (did) (did not) view the body after death.	uses stated
226. SIGNATURE DEGREE 22c. DATE SIG	GNED
Paul Mall A ATTENDING MEDICAL STAFF 7/22/	[′] 87
22d. PHYSICIAN'S NAME (TYPE OR THE PER PER PER PER PER PER PER PER PER PE	
Paul Valle, M.D. 9000 Franklin Square Drive, 21237	7
BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION	
Entombrent 7/25/1987 Oak Lawn Cemetery Baltimore, Maryland 212	224
FUNERAL DIRECTOR 250. DATE REGISTRANZS REGISTRANZS SIGNATURE	RE .
Walter Brooks Bradley, Inc. Balto., Md. 21222	ndakh

059055 J

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

1-	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HYGI ICATE OF DEATH	IENE /	9	1 6	3
	CEASED NAME OR PRINT)	FIRST .	٨	AIDDLE	Si	E GEL	JULY 4,19			45PM
3. SE)	MALE		WHITE		SEP	T. 28,1913°	6 AGE LINYEARS LAST BIRT		FUNDER I YEAR II	HOURS MIN
NEW YORK USA		WHAT COUNTRY?	MARRIED WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY			MD		
	TY OR TOWN OF DEARANDALLSTO					NERAL HOSP,	PLUMBER MOST OF	ON WORKING LIFE}	CONSTR	
USU/ 13e. S	ALRESIDENCE IN NURS	13BALT		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13. STREET ADDRESS / 6839 PARSO	ZIP CODE NS AVE	. (2120	7)
14 FA	THER'S NAME THARLE	ES "	NODLE	SÍËGEI	,	REBECCA	WIDDLE	SA	ANDUS LAST	
	VAS DECEASED EVER (ES. NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	166 SOCIAL SECUI		17 INFORMANT CAROL SIEGE	ADDRE L 6839 PAR			1207)
	18 CAUSE OF DEAT PART I. DEATH W	H (Enter only AS CAUSED IMMEDIATE	CAUSE (0)	ARDION	CESI	OIR ATORY	ARREST		APPROXIMA BETWEEN ON:	ATE INTERVAL SET AND DEATH
	Conditions, if ony, gove rise to improve (o), status underlying couse	nediate ig the	(b) 4	DAS A CONSEQUE	LERG	MELLITE		gib		
NO	UREMIA	, PE				NOT RELATED TO THE TERM		ITION GIVE	N IN PART 110	
CERTIFICATION	198 DATE OF OPERA	TIÓN	195. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING ING CAUSES O	
	210 ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEAT	216. TIME O HOUR A	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	IT 1 OR PART ?)	
MEDICAL	21d INJURY OCCUR	THE	21e PLACE ((AT HOME STR	OF INJURY REET FACTORY OFFICE F	ARM, ETC.)	ZII LOCATION STREET	CITY OR TO	VN	COUNTY	STATE
	22a.1 certify that (1) saw the decease above, (1) (we) (c					nd that in (my) (our) opinion o			9, the ond from the co	
	276. SIGNATURE	1 -	ulis			DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		22c. DATE SK	GNED 7
	22d. PHYSICIAN'S N					BALTIMO.	RE COU.	rry	41050	PITA
23a F	SURIAL CREMATION	PEMOVAL	23h DATE	123, N	LAME OF C	EMETERY OF CREMATORY	234 LOCATION			

RADOMER VEREIN CEM

STATE

BURIAL 7/6/87 RADOMER VEJ

24 FUNERAL DIRECTOR SOL LEVINSON & BROS.
6010 REISTERSTOWN RD. BALTO COPPES MD. (21215)

ROSEDALE, BALTO, MD.

Julia Divideon Rendallo



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STATE OF MARYLAND

SEARTMENT OF HEALTH AND MENTAL HYGIENE

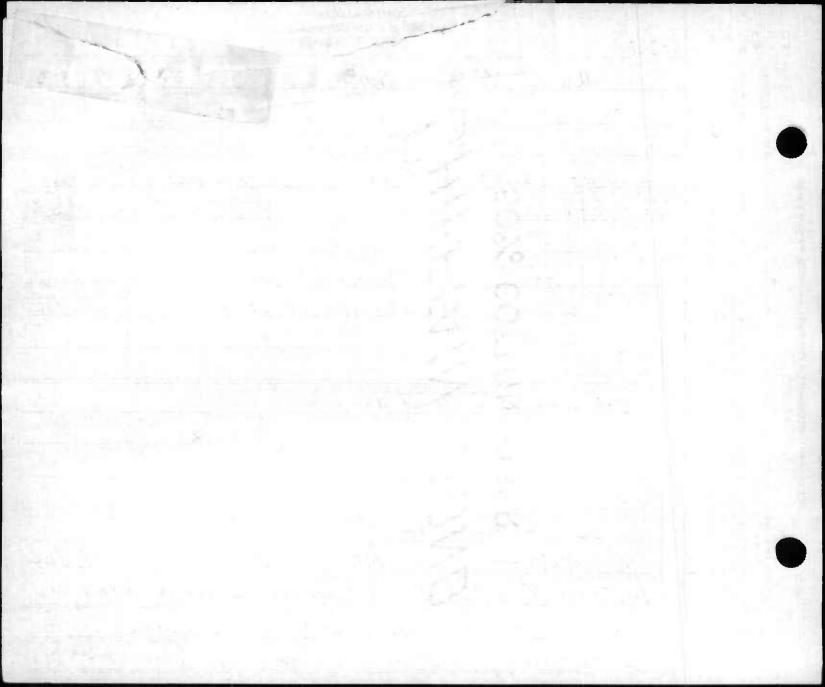
CERCI	Tel	CA	TE	OF	DE	AT	H

- SIATE - REGISTRAR 1. DECEASED NAME FIRST MIDDLE LAST 70 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
17VF CORRUST	DAY YEAR 26 HOUR
11/100 1/10/2 SIMS	d1 60
alice Viola Sims	06-81 8:00
3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Female Black $02 - 12 - 05$ 82 y_R	months bars moons and
A BIRTHPLACE (1941) OF CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY	NTY OF DEATH
Maryland U.S.A. WIDOWED DIVORCED Baltimore	County
ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION	126, KIND OF BUSINESS OF
Baltimore (IF NOT IN SUCH FACRITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING HOME HOME MAKEY).	Domestic
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	D 10 c
136. COUNTY 136. COUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS / ZIP COUNTY 136. STR	
14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME	y Avenue 2000
FIRST MIDDLE LAST FIRST MIDDLE	(AST
Luther Cross Ella 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	Myers
TYPES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES)	. 3 D. 11 3/D
NO 217-28-2277 Alice Harrington 5319 Wesle	
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND/DEATH
IMMEDIATE CAUSE (0) Cristory as unlas allerent	6/20/17
DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if ony, which	
gove rise to immediate	
couse (o), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF	
(c)	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION	GIVEN IN PART TIO
ADDITION OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 100 LIN CE YES NOW 110 CE	
196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
YES NO	YES NO
216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	
21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION	
	COUNTY STATE
AT WORK AT WORK	10 87 1 1111
sow the deceased plive on	, 19
obove, (1) (we) (did not) view the body after death.	nour and from the couses stated
27b. SIGNATURE DEGREE	220 DATE SIGNED
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	116/13
22d. PHYSICIAN'S NAME (IVPE OR PRINT) 22e ADDRESS	0
HONAMO J. GARBOR 53100LD GULTRO	RAND MD
	2/12
236. BURIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OR TOWN	COUNTY STATE
BURIAL 07-09-87 Gard. of Eternal Hope Westminster	
24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR ADDRESS	AR S SIGNATURE
HAIGHT FUNERAL HOME SYKESVILLE, MD 21784	Deader-Roadelles

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that retained by the hospital or attending physician.



STATE OF MARYLAND

87-19163

30703 III	1	STATE 7RQ7STRAR	DEPARTA	CERTIFICATE OF DEATH		11105
	1. DE	CEASED NAME FIRST	MIDDLE .	5-79-	20. DATE OF DEATH MONTH	7 87 85 HOUR
pog prog	3 SE		4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER YEAR IF UNDER 23 HRS
ctor s offi		Male	White	MONTH DAY YE		ON HS DAYS HOURS MIN.
od = 200	7a. B	IRTHPLACE ISTATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUNTY	
the off		R ~ 551 -	USA	WIDOWED DIVORCE	100 1000	& County MI
s offer d		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		1/ (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
24 hour		AL RESIDENCE (IF NURSING HOME O STATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 131. CITY OR TOW	N 138 THE CITY LIM	8243 VOSGES RD	Que.
ed within	14 F	ATHER'S NAME FIRST DAVID	MIDDLE SSINGER	15 MOTHER'S MAID FIRST RAE	NEN NAME MIDDLE	FRISHMAN
xecut nd ca ges I		WAS DECEASED EVER IN U.S. AF	VE WAR OR DATES!		MRS. SHIRLEY PRESS	
Po o		NO OV	5500	1 Y- OF 2 HIGH S	TEPPER CT., APT. 405	#21208
ysicio apera and the		18 CAUSE OF DEATH LEnter of	nly one couse per line for 101, (b), one ED BY.	die Pulnormy	Accest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ertifi g ph remo			TE CAUSE (0)	· Line for /	777-37	
oth corking or and in an article	15	32	DUE TO, OR AS A CONSEQUE	NCE OF		100
a otte		Conditions, if any, which gave rise to immediate	(b)			
y the crem		couse (0), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	NCE OF		
plea b		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT BELATED TO TH	IE TERMINAL DISEASE OR CONDITION GIVE	NUNI PART 1.
doi:	Z	TAKE 2 OTTEK STOTEK TEATER	CONDINOIS CONTRIBUTION TO E	DEATH BOT NOT KEEKIED TO TH	TERMINAL DISEASE ON CONDITION GIVE	IN IN PART TO
on.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY	WERE FINDINGS USED 'ING CAUSES OF DEATH? NO
CLIAN: The 3 physician striftical additional trailing and the seen 18		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	YEAR 19	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT OR PART 2)
HYSI During or the	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION	CITY OR TOWN	COUNTY STATE
orter fer the s the	2	WHILE NOT WHILE	(AT HOME STREET, FACTORY OFFICE F.	ARM, ETC)		57412
A Af	М	22a I certify that H) Whis hosp	ol) ottended the deceased from_	1/13	87 , to 7/19	9 that The well lost
ppito CTO for of H		saw the deceased alive or	ot) view the body ofter death.	ond that in (my) (our) o	ppinion death occurred on the date and hour	and from the couses stated
he has toched toched toched		22b. SIGNATURE	1 pla	DEGREE ATTEND		22c. DATE SIGNED
HOSPITAL HONERAL UID be dete The State	-	226 PHYSICIAN'S NAME (TYPE)	OR PRINT)	PHYSIC 22e ADDRESS a	CIAN DIRECTOR PHYSICIAN	1/17/5
TO HOSPITA retained by TO FUNERA should be diventh the State with the State	L	Robert C.	Moss		more County	Gen. Hosp
	23a	BURIAL, CREMATION, REMOVAL (SPECIFY)		NAME OF CEMETERY OR CREMA	CITY OR TOWN	COUNTY STATE
BP	-	BURIAL		EBREW ORTHODOX		MARYLAND
DHMH - 16 60M 7/B4		1 d Market	LEVILNSON & BROS		SO THE REZ CLEY 198 TRAR 256 RECUSTS	NEW GROWN BLOOM
(VRA 15, 4)	1 (5010 REISTERSTO	WN RD. BALTO., MI	21215		

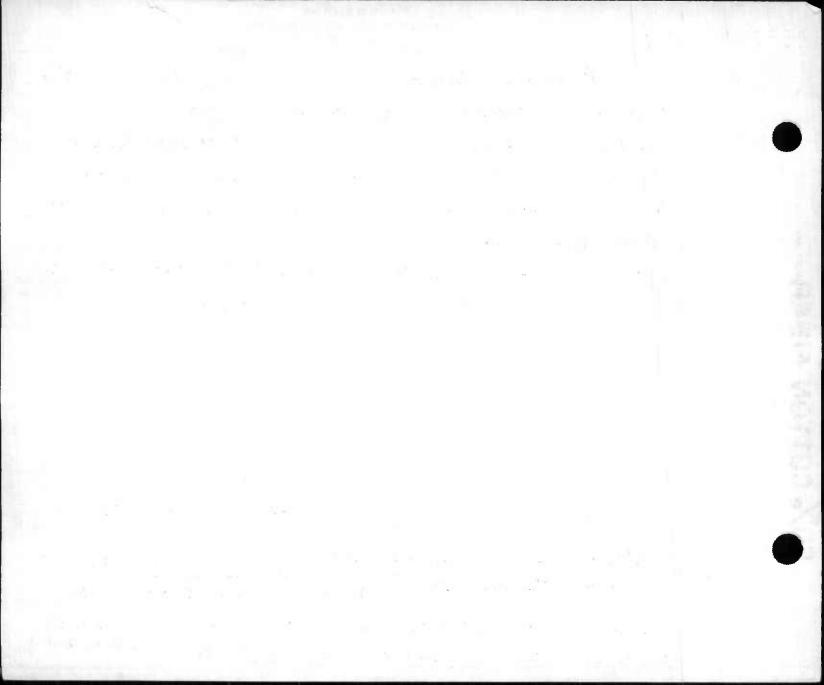
05858# JUL	J.	FOR STATE REGISTRAR	DEPAR	RTMENT OF H	E OF MARYLAND BEALTH AND MENTAL H ICATE OF DEATH	YGIENE REG. NO	1 9	16	4
within 24 hours ofter deoth. Page 4 may be letely filled in by the funeral director page 3 4 2 should be filed within 72 hours after death primer must be nowled at the	3. SE 7a. BI 10. C	EMALE STATE OR FOREIGN COUNTRY) TO A ITY OR TOWN OF DEATH TOWS AL RESIDENCE (IF NURSING HOME OF STATE 135 COU	OR OTHER INSTITUTION GIVE RESIDENCE BEF	S DATE C MONTO	DAY JEAR JS 34 D NEVER MARRIED DO NORCED DO	6 AGE (IN YEARS LAST BIRT) 6 AGE (IN YEARS LAST BIRT) 9 BALTIMORE CITY O BALTIMORE CITY O 120 USUAL OCCUPATION 170 USUAL OCCUPA	MONTH DAY PHDAY) IF MONTH ON MO YRS. R COUNTY O ON ON IF WORKING LIFE) Z IP CODE	UNDER I YEAR IF UN NITES DATS HOUR F DEATH OUN TY 128 KIND OF BUS INDUSTRY HOME d. 212	DER 24 HRS
be executed with be executed with be seed on ond completel s. Poges 1 Grad 2 are discolexaging		PHIRENDRA WAS DECEASED EVER IN U.S. A	MITTA ARMED FORCES? 166 SOCIAL SE GIVE WAR OR DATES) 243-66		17 INFORMANT Vaswati S	ADDRE			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours or ottending physician. In the this certificate has been signed by the ottending physician and completely filled in by as the buriol-transit permit. Then please remove corbonopaers. Pages 1 fond 2 should be file than and Mental Hygiene prior to buriol, cremation, or removal. orked or Item 18 shows any injury, or other troumatic event, the medical examiner what be no	Z	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	only one couse per line for (o), (b), SED BY ATE CAUSE (o) METAS 1 DUE TO, OR AS A CONSECT (b) DUE TO, OR AS A CONSECT (c) TONDITIONS CONTRIBUTING T	HATIC (QUENCE OF		of breast	DITION GIVER	APPROXIMATE II BETWEEN ONSET /	AND DEATH
DF VITAL RECORI JAN: The low rec physicion. Tifficonsi permi. I tol Hygiene prior i m. 18 shows any in	AL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH	DAY YEAR		200 AUTOPSY? YES NO URRED (ENTER NATURE OF INJUI	IN CERTIFYI YES		
DIVISION OF VIDENCE OF	MEDICAL		21e PLACE OF INJURY (AT HOME STREET FACTORY OFFIC	m	ZII LOCATION STREET	CITY OR TO	3 19		STATE
ITAL OR ATTE by the hospite RAL DIRECTO detoched for detoched for stote Dept of It		226. SIGNATURE	4. Clexan	der	DEGREE ATTENDING PHYSICIAN	DIRECTOR PHYSIC	FF CIAN (X	220. DATE SIGN	
O HOSP troined by the hould be with the Switch the Swit		Carla S.	Alexander, M.D.			la Maris Hos ley Rd To		1D 21204	

23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION BALTIMORE, MARYLAND JULY 4, 87 GREEN MOUNT CEMETERY CREMATION

24 FUNERAL DIRECTOR JOHNSON8521 LOCH RAVEN BLVD.

JUL 6 1987

DHMH - 16 60M 7/84 (VRA 15, 4)



	FOR			DEPARTM		OF MARYLA	ND MENTAL HYGI	ENE			
1 -	STATE REGISTRAR				CERTIFI	CATE OF D	EATH	8 REG. NO	1 9	9 1	6 5
1.87	DEASED NAME	FIRST	A	IDDLE		AST		20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR O
10	WILL	AM		H Sx		WOOL		141	7 13		8 AM
3. SE	X	1	RACE		5. DATE O		YEAR	6. AGE (IN YEARS LAST BIRT		UNDER TYEAR	HOURS MIN.
	MALE		WHI		11	17	1884	102	YRS		
	RTHPLACE (STATE OR FO	DREIGN 7		VHAT COUNTRY?	MARRIED	NEVER A	AARRIED 🛣	9 BALTIMORE CITY OF			
	Maryland			S.A.	WIDOWE		ORCED	Baltimor			MD.
To	WSON M	D		OSPITAL, NURSING I FACILITY, GIVE STREET A TOSE		HOSP	ITAL	12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF Traffic Mg	WORKING LIFE)	industry wa Cor	k-Seal
130. 9	AL RESIDENCE (IF NURSI STATE laryland	13b COUNT		GIVE RESIDENCE BEFORE 13c CITY OR TOWN Parkvil	1	136 INSIDE C	ITY LIMITS?	13. STREET ADDRESS / 2918 Hillc		venue	21234
14. FA	ATHER'S NAME	Α.	IDDLE	LAST		15. MOTHER'S	MAIDEN NAM	AE MIDDLE		LAST	
	George			Smallwood			Jimmie			Known	
	VAS DECEASED EVER		VED FORCES?	16b. SOCIAL SECUI		17. INFORMA		ADDRE		212	
	YES NO OR UNKNOWN)			213-01-0	034	Loret	ta C. H	yatt 2918	Hiller		AATE INTERVAL INSET AND DEATH
	Conditions, if any, gave rise to imm cause (a), stating underlying cause	AS CAUSED IMMEDIATE which lediate g the last	BY: CAUSE (a) DUE TO, OF (b) DUE TO, OF (c)	AS A CONSEQUE	NCE OF)-	h	acro	U!		
z	PART 2 OTHER SIGN		ONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE OR CONE	DITION GIVEN	IN PART 1:0	
CERTIFICATION	19a DATE OF OPERAT	ION	19b CONDI	TION FOR WHICH	OPERATION	N WAS PERFO	RMED	200 AUTOPSY? YES NO		WERE FINDIN NG CAUSES	
MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING CC (IF EITHER NOTIFY MEDIC	AUSE OF DEAT	P./	M. MONTH DA	Y YEAR			ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	FLORPART 2}	
MED	216 INJURY OCCURR	NE 🗀	21e PLACE (OF INJURY EET FACTORY, OFFICE, FA	NRM ETC }	21f LOCATION STREET)N	CITY OR TO	WN	COUNTY	STATE
	220 I certify that (I) saw the decease	d olive an_		19	, an	d that in (my)		eath accurred on the do			that (I) (we) last couses stated
	obove, (1) (we) (d	Id) (dia mon	view the bady	atter death.	(MEDICAL STAF		22c DATE	SIGNED
-	224 PHYSICIAN'S NA	ME (TYPE OR	PRINT)			22e ADDRES	S				

23c NAME OF CEMETERY OR CREMATORY

TO FUNERAL DIRECTOR. After this certificate has be should be detoched for use os the buriol-trainit per with the State Dept. of Health and Mental Hydrent IMPORTANT: If them 21 is marked or Item 18 sines. etained by the haspital or offending physicil BP. DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. Baltimore, Maryland

Jul 18 1987

236 DATE

Druid Ridge Cemetery Baltimore Maryland

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

more, Maryland JUL 1 6 1987 Dalan Rudan

STATE

23d LOCATION

and the entered too. The transfer of the con-

District and the second of the etals exist recording to produce the language

Age of the contract of the con

And opening the total and the position of the

-1		STATE OF MARYLAND								
24	97	FOR		DEPAR	HEALTH AND MENTAL HYG	AND MENTAL HYGIENE				
JY	95	STATE REGISTRAR			CERTIF	ICATE OF DEATH	R 7 REG. NO	1 9	1	6 6
		CEASED NAME FI	RST	MIDDLE	1	LAST	20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
	(TYPE	OR PRINT)	ertrude	Viola	SMEI	LTER	July 27, 19	187		8:30a,
	3. SE)		4. RACE	VAOIA	5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY] IF UNDE	RIYEAR	IF UNDER 24 HRS
	1	Female	Whit	æ	June	29 1903 YEAR	84	YRS	DAYS	HOURS MIN.
Z		RTHPLACE (STATE OR FOREN	GN 76. CITIZEN OF	WHAT COUNTRY	(? B	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DE	ATH	
2		Penna.	U.S.	A.	WIDOW		Baltimore	County		MD.
1	10 CI	Baltimore	11. NAME OF		ET ADDRESS1	or other institution	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOMEMAL)	ON 12b. FWORKING LIFE) IND	KIND O USTRY	F BUSINESS OR
5	13a S	AL RESIDENCE (IF NURSING H TATE 136	OME OR OTHER INSTITUTION	136. CITY OR TO Baltimo	WN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 3406 Rave	zip code enwood Av	e. 2	21213
2	I4. FA	THER'S NAME	AAIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAS	
1		Clarenc	e	Ott	ey	Mary			onoî	-
1		VAS DECEASED EVER IN L	J.S. ARMED FORCES? YES, GIVE WAR OR DATES!	16b. SOCIAL SEC		17 INFORMANT	ADDRE	ss 7206 Wi		
4	-	no		215-09-3	3843	Wm. T. Smelte	er (grandsor	7		nia Va.
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF LIBRARY OF THE TOP OF THE TERMINAL DISEASE OR CONDITION GIVEN III PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN III							DART L	
	NO	PART 2 OTHER SIGNIFIC	ANT CONDITIONS CO	JNTKIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM	TINAL DISEASE OR CON	JII ION GIVEN IN I	PARI IIC	•
1	IFICATION	19a. DATE OF OPERATION	196 COND	ITION FOR WHIC	H OPERATIO	ON WAS PERFORMED	200 AUTOPSY? YES NO V	20b. IF YES, WERE IN CERTIFYING O	FINDIN	GS USED OF DEATH?
9	CAL CERTIFI	21g. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH HOUR A.	DF INJURY M. MONTH M.	DAY YEAR	21c. How injury occuri			PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE		214 LOCATION STREET	CITY OR TO	wn col	UNTY	STATE
1		270 I certify that N) (this hospital) ottended the deceased from July 18 19 87							7/	27/87
	23a B	SURIAL, CREMATION, REM SPECIFY) BURIAL		230		Lemetery or crematory deemer	234 LOCATION Baltimo:			Mct."
	-									

3331 Brehms Lane, Balto. Md. 21213

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
JUL 3 1 1987

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND	ST	TATE	OF N	ARYL	AND
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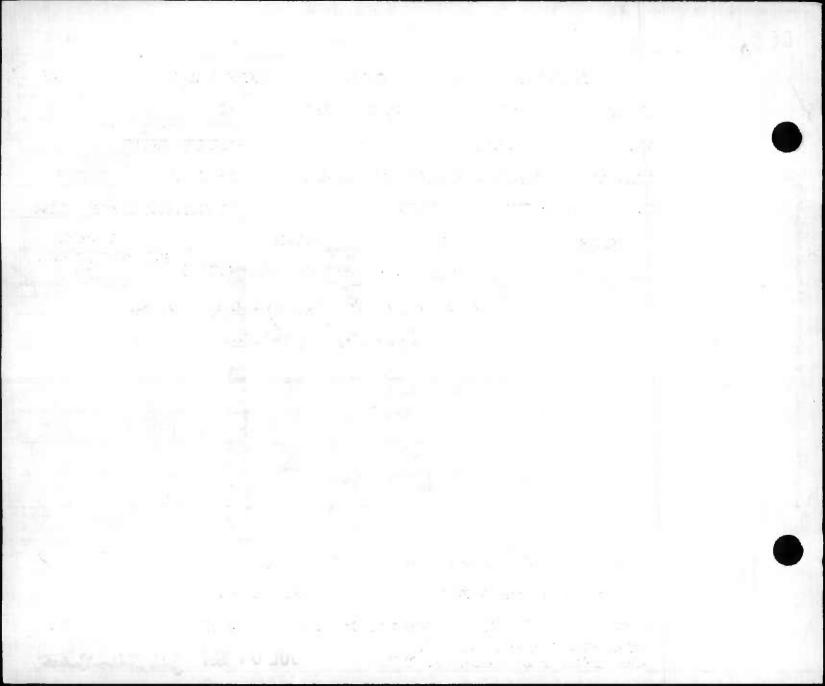
/	death certificate be executed within 24 hours after death. Page 4 may be	Illiniding physician and completely filled in by the funeral director page 3
	Page 1	director 2 hours o
	ter death	within 73
	nours of	I in by the
	thin 24	ely filled should
	ecuted w	d complet
	e pe ex	ers. Pag
	certifical	doduoq
	deoth	Pull

TO FUNERAL DIRECTOR. After this certificate has be should be detached for use as the burial-transit permit with the State Dept. of Health and Mental Hygiene primare the State Dept. Is marked or them 18 shows an IMPORTANT: If them 21 is marked or them 18 shows an

16 60M 7/84

JL	1.	- STATE - REGISTRAR				EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 7	o. 1 9	9 1	6 /
		EASED NAME FIRST	1	MIDDLE	i.	AST	20 DATE OF DEATH	MONTH DA	Y YEAR	2h HOUR 7
	LIVE	ANNAB	ELLE		SM	TUNH!	JULY 3 198	7		1:45
	3 SEX		4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIR		UNDERTYEAR	IF UNDER 24 HRS
		FEMALE	WHITE		MARC	H 30°1904 ^{*EAR}	83	YRS.	DAYS DAYS	HOURS MIN
-		RTHPLACE (STATE OR FOREIGN OUNTRY)		WHAT COUNTRY	? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	RCOUNTYC	OF DEATH	
		VA.	U.S.A	•	WIDOWE		BALTIMORE			MD
2		ALTIMORE	(IF NOT IN SUC	HOSPITAL, NURSI HEACILITY, GIVE STREE N NURSIN	T ADDRESS)	CROMWELL)	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O SEAMSTRES	F WORKING LIFE)	INDUSTRY	ING
5	130 5	AL RESIDENCE (IF NURSING HOME OF TATE 136 COL		130. CITY OR TOV BALTIM	WN	136 INSIDE CITY LIMITS?	13e STREET ADDRESS / 8427 HALL		IRCLE	21234
30	14 FA	THER'S NAME FIRST WALKER	MIDDLE	LAST THE		15 MOTHER'S MAIDEN NAME OF THE PROPERTY OF THE	ME		UNKÍÑ	ÓWN
,		AS DECEASED EVER IN U.S. A		166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRE	54853 1	BOWLAN	D AVE.
,	{ 4	ES, NO OR UNKNOWN) (IF YES G	IVE WAR OR DATES)	217-03-4	4306A	ANNABELLE R	OTH (DGHTR)			206
12.8.50	N	PART 2 OTHER SIGNIFICANT	DUE TO, O	R AS A CONSEQUER AS A CONSEQUER	uence of Deal	tes Mull	artery / De Lities INAL DISEASE OR CON	DITION GIVE		WATE INTERVAL ONSET AND DEATH
7	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHIC			H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, IN CERTIFY YES	WERE FINDIF	NGS USED OF DEATH?
1	MEDICAL CERT	OR CONTRIBUTION CAUSE OF DEATH HOUR A.M. MONTH DA			DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	RT 1 OR PART 2}	
	WE	WHILE NOT WHILE AT WORK		REET FACTORY OFFICE	FARM ETC)	STREET	CITY OR TO	₩N	COUNTY	STATE
		220 Lettify that (I) (this has sow the deceased alive a above. (I) (we) (did) (did of 22% SIGNATURE	ın	19	, or	nd that in (my) (aur) apinian a DEGREE	to to	ate and hour		
		1 arm	now	elles c	in	PHYSICIAN A	DIRECTOR PHYSIC		1/-	1-8/
		DR. MART		EWSKI		8604 HARFC	RD RD.		,	
	230 8	urial, cremation, remova SPEBURIAL	7/6/87			EMETERY OR CREMATORY CEMETERY	23d LOCATION BALTIMOR	Œ	COUNTY	MD. STATE

24 FUNERSCHIMONEK FUNERAL HOME, INC. 3331 Brehms Lane, Balto. Md. 21213 JUL 0 7 1987 Julia Maid De



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

CERTIFICATE OF DEATH

LHIG	8 /	REG. NO.	9	1 0	Ö
	2a. DATE OF	DEATH MONTH	23	1987	105 p.m
85	102		rrs.		IF UNDER 24 HRS HOURS MIN.
	BALT		COUNT		MD.
7		CCUPATION FORMOST OF WORK 11 Supt		NDUSTRY Rail:	road
15?		odress / zip 35th S	CODE	2121	8
n na/ la	R.	Lee		LAST	
R.	Krebs	706 E. Baltin		Md.	21218
				BETWEEN	MATE INTERVAL NSET AND DEATH
lu	re.				
TERM	INAL DISEASE	OR CONDITIO	N GIVEN II	N PART IIO	
	20s AUTO	PSY? 20h. IN (IF YES, WE CERTIFYING YES [RE FINDING CAUSES	GS USED OF DEATH? NO [
CCURR	RED (ENTERNAL	URE OF INJURY IN IT	EM 18 PART 1	OR PART ?}	
		CITY OR TOWN		COUNTY	STATE
oinion (, to deoth occurred	on the date or	, 19		hot (we) lost ouses stated
NG AN	MEDICAL DIRECTOR	STAFF PHYSICIAN [7/2	4/87
niv	ersity	Pkwy.	Balto	o., M	1. 21210
ORY	Balti	RIOWN	Baltin	nore,	Marylane
a DAI	E REC'D BY RE	GISTRAR 256 R	EGISTRAR'	SSIGNATI	IRF

REGISTRAR L DECEASED NAME FiRS1 5min [TYPE OR PRINT] George Franklin 4 RACE 3 SEX 5. DATE OF BIRTH 20 MALE WHITE 8 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland USA WIDOWEDX O CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTIO INSUCH FACILITY, GIVE STREET ADDRESS) Cockevsville NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIM Baltimore Maryland YES XX NO [4. FATHER'S NAME 15 MOTHER'S MAIDE E1 Smith George Α. 68 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 705-10-4116 Elizabeth No 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic-PART I. DEATH WAS CAUSED BY: AGE IMMEDIATE CAUSE (o) OR AS A CONSEQUENCE OF hronic Ke Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CERTIFICATION 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 21c HOW INJURY O 2 In ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION LAT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE AT WORK 22s I certify that M (this hospital) attended the deceased from sow the deceosed olive on obove, (we) (did) (dimot) view the body ofter death and that in (mg/) (our) of DEGREE ATTEND PHYSIC LIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

BP.

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DHMH - 16 50M 4/83 (VRA 15, 4)

(SPECIFY Burial 24 FUNERAL DIRECTOR

236 BURIAL, CREMATION, REMOVAL

July 27,1987

Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

ADDRESS

John W. Bowie, M.D.

23c NAME OF CEMETERY OR CREMAT

500 W. U

Parkwood 6500 York Rd.

STATE OF MARY ENT OF HEALTH AND CERTIFICATE OF	MENTALH	YGIENE T JOHN	33	69
LAST		20. DATE OF DEATH MONTH	DAY STA	25 HOUR

The control of the co	DER 24 HRS
JOHN MATTHEW SMITH JULY 22, 1987 3. SEX 4 RACE 5. DATE OF BIRTH OTNO6/1934 FUNDER 1 VEAR LAST BIRTHDAY NEW YORK 10. CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) THE JOHNS HOPKINS HOSPITAL 136. STATE 136. CITY OR TOWN 136. CITY OR TOWN 136. STATE 136. STATE 136. STATE 136. STATE 137. SMITH JULY 22, 1987 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 VEAR WINDER WARRIED NEW YORK WIDOWED DIVORCED 126. MARRIED NEW YORK OR MOST OF WORKING LIFE; NEW YORK OR MOST OF WORK FOR MOST OF WORKING LIFE; NEW YORK OR MOST OF WORK FOR MOST OF WORKING LIFE; NEW YORK OR MOST OF WORK FOR MOST OF WORKING LIFE; NEW YORK OR MOST OF WORK FOR MOST OF WORKING LIFE; NEW YORK OR MOST OF WORK FOR MOST	DER 24 HRS
MALE WHITE O'17'06/19'34 YEAR TO BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARRIED NEVER MA	MD.
To BIRTHPLACE (STATE OR FOREIGN TO LITIZEN OF WHAT COUNTRY? & MARRIED NEVER NE	MD
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136. CITY OR TOWN OF DEATH 117. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE RESIDENCE SETON MOST OF WORKING LIFE) INDUSTRY Disabled. 128. KIND OF BUSIN INDUSTRY Disabled. 129. STREET ADDRESS / ZIP CODE	
136. COUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 136.STREET ADDRESS / ZIP CODE	NESS OR
	13
14 FATHER'S NAME FIRST MIDDLE LAST 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST	
ARTHUR MILLER SMITH ELIZABETH FLEMING	
The Was deceased ever in u.s. armed forces? 16b. social security no. 17. Informant Address YES 16c Was deceased ever in u.s. armed forces? 16b. social security no. 17. Informant Address JOHN HOPKINS HOSPITAL	
18. CAUSE OF DEATH lEnter only one couse per line for to), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Cardio pulmonary arrest	ND DEATH
如下 \$665	5
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. Due 10, or as a consequence of Acidosis This is a consequence of Acidosis Due 10, or as a consequence of Acidosis This is a consequence of Acidosis Due 10, or as a consequence of Acidosis This is a consequence of Ac	nonth
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 Hepatorenul syndrome. coag who putny	
Hepatorenal syndrome coag allo pathy 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY2 IN CERTIFYING CAUSES OF DEA YES NO 210 ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 210 CHOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TEAM IS PART LOR PART 2)	ATH?
an courtain this Distance of or the HOUR A.M. MONTH DAY YEAR 1	
SCONTINEDING CAUSE OF BATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK T WORK AT WORK AT W	STATE
220 I certify that (I) (this haspital attended the degeosed from 1744, 1984, to 22544, 1984, that (I) sow the degeosed glive an 22044, 1981, and that in (my) (our apinion death accurred an the date and hour and from the causes st obove, (I) (we) (did) (did not) view the body offer death.	
DEGREE ATTENDING MEDICAL STAFF 122 DAJE SIGNED	187
BENJAMIN YOKEL JOHNS HOPKINS HOSPITAL	
236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OR TOWN COUNTY	STATE
BP	
OHMH - 16 60M 7/84 (VRA 15, 4) State Anatomy Board Balto Md State Anatomy Board Balto Md	L

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DEPARTMENT OF HEALTH AND MENTAL HYGII CERTIFICATE OF DEATH

REG. NO.	1 9		7 0
20 DATE OF DEATH MONTH	DAY YE	AR 2b HC	UR U
07	29 8	7 6:3	0 am
AGE (IN YEARS LAST BIRTHDAY)	MONTHS [YEAR IF UND	ER 24 HRS
88 YRS	MONTHS	7413	
BALTIMORE CITY OR COUNT	Y OF DEAT	H	
Baltimore Coun	ty		MD.
120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L HOME Maker	IFE) 126 KI	ND OF BUSII STRY	VESS OR
13e STREET ADDRESS / ZIP COD 4604 Glenarm Av	e., E	Balto.	21206
MIDDLE MIDDLE	Sch	muck	
ADDRESS .th, Jr., 4137 H	ickor	y Ave	•
to. MD 21211	BETY	PROXIMATE IN MEEN ONSET A	ERVAL ND DEATH
NAL DISEASE OR CONDITION GI	VEN IN PA	RT Iro	
IN CERT		INDINGS US USES OF DE	ATH?

MIDDLE DECEASED NAME TYPE OR PRINT Katherine Smith J. 4 RACE S DATE OF BIRTH 3 SEX MONTH 3-11-1899 Female White To BIRTHPLACE (STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Balto., MD WIDOWED IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Towson Greater Baltimore Medical Center USUAL RESIDENCE 1136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? MD Balto. City YES X NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAM MIDDLE FIRST Fred Barnickol Le 166 SOCIAL SECURITY NO WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES GIVE WAR OR DATES) 212-22-5231 Charles H. Smi Apt.A, Bal 18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), and ic. PART I. DEATH WAS CAUSED BY Thyroid Lymphoma IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMI CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 71g. ACCIDENT WAS UNDERLYING 716. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P M (IF EITHER NOTIFY MEDICAL EXAMINER) 21F LOCATION 714 INJURY OCCURRED 71e PLACE OF INJURY CITY OR TOWN AT HOME STREET, FACTORY, OFFICE FARM, ETC.) STREET AT WORK 27a.1 certify that (1) (this haspital) attended the deceased from sow the deceosed olive on July 29, obove, (I) (we) (did) (did not) view the body ofter death 87 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 27h SIGNATURE MEDICAL ATTENDING DIRECTOR PHYSICIAN 22e ADDRESS Michael Enoch, M.D. G.B.M.C

BP

DHMH 16 60M 7/84 (VRA 15, 4)

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MPORTANT:

23a BURIAL CREMATION, REMOVAL Buria1 8-1-87 23¢ NAME OF CEMETERY OR CREMATORY Parkwood Cemetery

23d LOCATION Balto.

MD

24 FUNERAL DIRECTOR John C. Miller, Inc., 6415 Belair Rd. 21206 250 DATE REC'D BY REGISTRAR 258 REGISTE RECOO

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

V		REGISTRAR			CEKIII	ICAIE OF DEATH		O REQ. NO	0.	0	1 7 1
N		CEASED NAME FIRST		MIDDLE	1	LAST		a DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
- 1	firet	LERO	Z		5	SMITH		JULY 17, 1	987		1:30A M
1	3 SEX	Х	4. RACE		S. DATE C		1	AGE (IN YEARS LAST BIR	IHDAY)	IF UNDER TYEAR	
1	M	IALE	BLACK		04 MONTE	02 1920		67	YRS	AONIHS DAYS	HOURS MIN.
	7a. 81	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED		BALTIMORE CITY O		OF DEATH	
5		IRGINIA	U.S.A.		WIDOWE	A14		BALTIMORE	COUNT	Y	MD
A.S		ORT HOWARD	(IF NOT IN SUC	H FACILITY, GIVE STREET	DDRESS)	OR OTHER INSTITUTION	TO USUAL OCCUPATION OF WORK FOR MOST C			OF BUSINESS OR	
100	_	AL RESIDENCE (IF NURSING HOME O		ORT HOWAR		AKI LAND		SALESMAN	•		
5	13a. S M	IARYLAND 136. COU		BALTIMOR	N	13d. INSIDE CITY LIMI YES 🔀 NO 🗌		3 STREET ADDRESS A			21207
9		OHN	MIDDLE	SMITH		15. MOTHER'S MAIDE FIRST DOROTH		MIDDLE		SMTT	
2	160 V	VAS DECEASED EVER IN U.S. AF	MED FORCES?	219 05 6				3705 H	illsac FORT		
		18 CAUSE OF DEATH (Enter o	nly one couse per	line for (o), (b), and	f (c).)	1					ONSET AND DEATH
1						DRY ARREST					
1		JAMES IA	DUE TO O	P AS A CONSEQUE	NCE OF 1	FRONTAL CRA	NIO	OMY			
		Conditions, if any, which	((b) E	ND STAGE	RIGHT	CEREBROVA	ASCUI	AR ACCIDEN	T RIG	HT	
		gove rise to immediate couse (a), stating the	DUE TO O	R AS A CONSEQUE	NCE OF						
		underlying couse lost. (c) HISTORY RECURRENT ASPIRATION PNEUMONIA								1	
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN							EN IN PART II	0	
	O	UPPER GASTROIN	BLEEDING	SEC	ONDARY TO G	GASTI	RIC ESOPHAC	GITIS			
	CERTIFICATION	196 DATE OF OPERATION	19b. COND	TION FOR WHICH	CH OPERATION WAS PERFORMED			200 AUTOPSY?	IN CERTIF	, WERE FINDI YING CAUSES S	
H	CER	210. ACCIDENT WAS UNDERLYING	216. TIME O		21c. HOW INJURY OCCURRE				RY IN ITEM 18 P.	ART I OR PART 2)	
,		OR CONTRIBUTING CAUSE OF DE	AID .	M. MONTH DA	AY YEAR						
	MEDICAL	21d. INJURY OCCURRED	21e PLACE			21f LOCATION STREET		CITY OR 10	wN	COUNTY	STATE
		22e.1 certify that (I) (this hasp saw the deceased alive or	ital) attended th	e deceosed from 7	JULY 7	6 , 198		INTERIOR 17			that (I) (we) last
		opose, (i) (we) (did) (did ni	ot) view the body	ofter deoth.	, ,	nd that in (my) (our) op	pinion de	oth occurred on the de	ote and hou		
		27b. SIGNATURE	1 -			DEGREE ATTENDI	ING	MEDICAL STA	FF	22c. DATE	SIGNED
4		arlongo 1.	my mo			PHYSICI		DIRECTOR PHYSIC		7/1	17/87
		ALFONZO RUIZ,	A.D.			V.A.M.C.,	FOR	T HOWARD,	MARYL	AND 21	L052
		BURIAL, CREMATION, REMOVAL	236. DATE	23€ ト	IAME OF C	EMETERY OR CREMAT	TORY	23d. LOCATION			
	(Burial	7/21/	87 G	arris	on Forest	Vet	Owings	Mills	COUNTY	ďMď
	24 Ft	UNERAL DIRECTOR		ADDRES!			So. DATE	REC'D. BY REGISTRAR			A .
	W	m. C. March F/H	West 4	300 Wabas	h Ave	enue	JUL	20 198/	All L	Jandun 7	andalle

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

BP.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Smith

5. DATE OF BIRTH

MONTH

Į	MERLI	Ur	nta	LIM	ANU	MENIAL	n
	CE	RTI	FIC	ATE	OF	DEATH	

8 REG. NO			9 i	7	2
o DATE OF DEATH M	ONTH	6	YEAR 87	26 HOL	JR
AGE (IN YEARS LAST BIRTHE	DAY)	IF UN	DER TYEAR	IF UNDER	24 HRS
88	VBC	MONTH	S DAYS	HOURS	MIN.

	Female		Caucasian
0	BIRTHPLACE	(STATE OR FOREIGN	76 CITIZEN OF WHA

Perthena

CITIZEN OF WHAT COUNTRY? United States

MIDDLE

Viola

MARRIED NEVER MARRIED WIDOWEDXX

99

2^{DAY}

Baltimore County 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)

21133

West Virginia ID CITY OR TOWN OF DEATH Randallstown

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 3707 Collier Road

Homemaker 3707 Collier Road

Marvland 14 FATHER'S NAME Stonewall

FOR 1-STATE REGISTRAR I DECEASED NAME

TYPE OR PRINTS

SEX

Baltimore MIDDLE Jackson

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
136. STATE 136. COUNTY 136. CITY OR TOWN

4 RACE

Wilmoth 166 SOCIAL SECURITY NO

Randallstown

Alice 17 INFORMANT Mrs. Jean

15. MOTHER'S MAIDEN NAME

13d INSIDE CITY LIMITS?

Moran Thacker

no

232-62-2271

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

3707 Collier Road Randallstown, MD.

MIDDLE

BALTIMORE CITY OR COUNTY OF DEATH

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO Conditions, if any, which gave rise to immediate (a), stating underlying couse

YES 🗍

PART 2 OTHER SIGNIFICANT CONDITIONS

190 DATE OF OPERATION 71g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

NO YES [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21

200 AUTOPSY?

AT HOME STREET FACTORY OFFICE FARM ETC) NOT WHILE 274.1 certify that III (Im haspital) attended the deceased from

211 LOCATION CITY OR TOWN

COUNTY opinion death accurred on the date and hour and from the causes stated

70b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

the body after death

DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

STATE

774 PHYSICIAN'S NAME (TYPE OF PRINT)

Randallstown, MD.

71e PLACE OF INJURY

5310 OLD GOVAT RO

230 BURIAL CREMATION, REMOVAL (SPECIFY) Burial

73c NAME OF CEMETERY OR CREMATORY Restlawn Mem. Gardens

Port Charlotte

Charlotte

8728 Liberty Road

7/11/87 74 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

21133

77e ADDRESS

JIII

DHMH - 16 60M 7/84 (VRA 15, 4)

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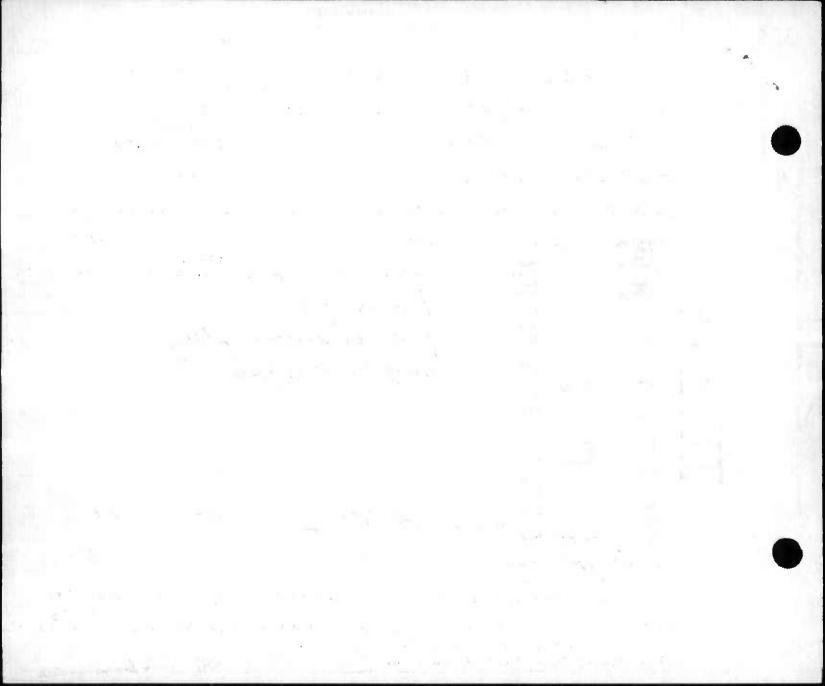
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burial-transit pern Amental Hygiene p

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CERTIFICATION

MEDICAL



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE ...

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REG. NO	1	72	1		

1	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. N	0 9 1 / 3
₽	SED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
L		illiam Edgar Hub Smit	th	7/23/87	м
I	Male	Caucasian	S DATE OF BIRTH MONTH DAY 9/22/24	6 AGE TIN YEARS LAST BIR	MONTHS DAYS HOURS MIN.
h	IN BIRTHILACE TO A FOREIGN	76 CITIZEN OF WHAT COUNTRY?			PR COUNTY OF DEATH
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1	Maryland	U.S.A.	WIDOWED X DIVORCED	Baltimo	THE.
	Brighton	(IF NOT IN SUCH FACILITY, GIVE STREET 6702 Mt. Vemon A	ADDRESS]	(149E OF WORK FOR MOST C	
	USUAL RESIDENCE IF THAT ING HOME O 13th STATE 13th COU			? 13e STREET ADDRESS . 6702 Mt. Ver	
1	George Oscar Smit	MIDDLE LAST	15 MOTHER'S MAIDEN FIRST Mary Fran	NAME - MIDDLE	LAST
T	60 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU		. Ivy Smith ADDRE	SS
ı		IVE WAR OR DATES) III & Korean 219–18–			Brighton Maryland 21215
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	OR CONTRIBUTING CAUSE OF DI	P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE	FARM, ETC.) 21f LOCATION STREET 19 21f LOCATION STREET 19 20 20 20 20 20 20 20 20 20 2	CITY OR TO	OWN COUNTY STATE 19
1	124 ENVSICIAN'S NAME (TYPE	· GRIKATA	ATTENDINI PHYSICIAN	TOD AVE	
1	230 BURIAL, CREMATION, REMOVA (SPECIFY)	7/05/07	NAME OF CEMETERY OR CREMATO	RY 23d. LOCATION	COUNTY 77 STATE
1	Burial		Take View Cemetery	Sykesville	
1	24 FUNERAL DIRECTOR LOCAL	ng Byers Funeral, Din	ectors, Inc	DATE REC'D BY REGISTRAR	256 REGISTRAR'S SIGNATURE

8728 Liberty Road Randallstown Maryland 21133

DHMH - 16 60M 7/84 (VRA 15, 4)

calthansi permit. Thei ple ental Hygiere pror ta buria

TO FUNERAL DIRECTOR After the ce Dibed to directive for one on the tunio with the State Dept. of Health and Men IMPORTANT, If Nem 21 is marked or its

FOR

RECTAL CARCINONA - RECURREIT

JAGO.

DUBLA GRANDER ST. LINES

appletely filled in by the funerial director, page 3 one 2 should be filed within 72 hours after death

STATE OF MARYLAND

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The Britherical		3. SEX			5. DATE O	F BIRTH	& AGE (IN YEARS LAST BIRT	HDAY)		IF UNDER 24 HRS
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18. CID OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 11. USUAL RESIDENCE OF WINNING WOOD OF CHIRD STORY OF CHIRD RESIDENCE OF CONTROL O	E <		COUNTRY		MARRIE	*	BUTIMO	0-1	Duch	-1/
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TEMY CHHIM	ZA	1	22d. PHYSICIAN'S NAME (TYPE	38.0 Fed 1	1	22e ADDRESS				
	OR /		TEMY	CHHIM						
236 BURIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATION CITY OF TOWN COUNTY STATE.	<u>¥</u>		BURIAL, CREMATION, RÉMOVAL				23d LOCATION		:: OLAT:	

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending should be detached for use as the burial-transit permit. Then please remove carbo with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar re-

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death or ottending physicion.

etoined by the hospital

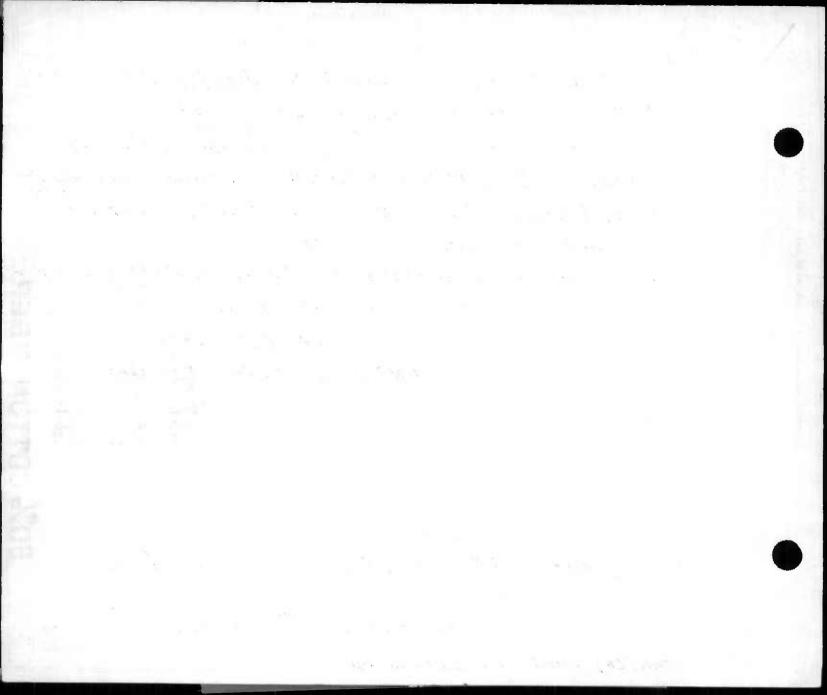
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SURIAL JULY 14, 1987 PARKWE 24 FUNERAL DIRECTOR HARTLEY HILER-7527 HARFORD Rd

D. BY REGISTRAR 258 REGISTRAR'S SIGNATURE JUL 1

July 14, 1987 PARKWOOD

(VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 / REG. NO.	9	9	7 :
LAST	20. DATE OF DEATH MONTH	DAY	YEAR	26 HOU
SOSTO	July 21, 1987			

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

191	370R STATE REGISTRAR				MENT OF I	E OF MARYLAND HEALTH AND MEN FICATE OF DEA	ITAL HYG	8 /	REG. NO.	9 1	15
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USU	TOWSON	URSING HOME OR				pt. 1905		Accour	it Exec.		201
13o.	Maryland	13b. COUN		Towson			X	302 E	odress / zip co Joppa	DDE ZI Rd.,Apt.1	.204 .905
100	Alphonso	A	NIDDLE	Sosto		15 MOTHER'S MA	T	ΛE	WIDDLE	Luna	
(WAS DECEASED EV (YES, NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	16h SOCIAL SEC 217-01-		Ottilia	Sost	o - sar	address ne as #1		AÀTE INTERVAL
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CERTIFICATION	19a DATE OF OPE	RATION	196 COND	ITION FOR WHIC	H OPERATIO	ON WAS PERFORM	ED	200 AUTOP		YES, WERE FINDIN RTIFYING CAUSES	
	21a ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DEAT	n	OF INJURY .M. MONTH (DAY YEAR	21t. HOW INJUR	RY OCCURR			18 PART I OR PART 2)	
MEDICAL	WHILE NOT AT WORK	WHILE WORK		OF INJURY REET, FACTORY, OFFICE	FARM, ETC.)	211 LOCATION STREET			CITY OR TOWN	COUNTY	STATI
	22a. I certify that sow the dece above, (I) (we 22b. SIGNATURE	ased olive on) (did) (d id not	T/ 2	0/ 19	15	DEGREE ATTE PHY 22e ADDRESS	NDING SICIAN 1	MEDICAL DIRECTOR	an the date and STAFF PHYSICIAN	hour and from the c	
	Jamshid	Hamed,	M.D.			204 E.	Joppa	a Road	Towson	, Marylar	nd 212
	BURIAL, CREMATIO	N, REMOVAL			NAME OF	CEMETERY OR CREA	MATORY	23d LOCAT	ION TOWN	COUNTY	STATE
I	(SPECIFY)		7-2/1-9	27	Mont 1	Uala Dada	0000000	Dales			L.M.

ADDRESS 1050 York Road

DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR Ruck Towson Funeral Home, Inc. Towson, Md. 21204 ARABAR C. A. HARRAN

191 8 B JUL

OR ATTENDING PH

O HOSPITAL

retained by the hospital or often TO FUNERAL DIRECTOR After th should be detached for use as the with the State Dept. of Health and

BP.

A ano m	1	FOR STATE REGISTRAR			DEPARTM	ENT OF H	OF MARYLA ALTH AND N CATE OF D	ENTAL HYG	IENE / REG. NO.	19	i /	6
noy be page 3		CEASED NAME OR PRINT) ESIC	FIRST EI	sie ′	H.	5.	Spence	er	7	ONTH DAY		9:20 PM
ctor pag	3. SE	Female	4.	RACE	White	5. DATE O	F BIRTH	1899	6. AGE (IN YEARS LAST BIRTH	YRS	NIHS DAYS	HOURS MIN.
beach Po		RTHPLACE (STATE OR FOR COUNTRY) England		USA		WIDOWE		ORCED	Country		FDEATH	MD.
		TEWSON	1	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET A			TUTION	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V	WORKING LIFE)	17h KIND OF INDUSTRY	BUSINESS OR
12:35	13a S	al residence (if Nursing STATE 13	B COUNT		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN TOWSO	١ ١		ио [Х]	13e STREET ADDRESS / 800 Southe		d., 21	204
the day)	John	Ed	ward	Har		M	argare	t Ann		Telford	<u></u>
S pood of books		VAS DECEASED EVER IN YES NO OR UNKNOWN)		ED FORCES? WAR OR DATES)	214-74-6		Allan S	Spence	r, 288 Oak			
not the death certificate by the certificate by the arterioring physicists of the certificate of the certificate of the tripumptic event, the		Conditions, if any, a	S CAUSED AMEDIATE which diote	DUE 10, 0	Ine far (a), (b), one R AS A CONSEQUE	NCE OF	Heff	Md. 2	heward.	one	APPROXIM. BETWEEN ON	ATE INTERVAL 4SET AND DEATH
requires the signed are signed or to burnal	TION	HXA	ost	Poart	ritint				INAL DISEASE OR COND		I IN PART 110	CE LISED
The low icion te hos be saft permit giene pringsene prin	CERTIFICATION	19a DATE OF OPERATIO		196 COND	ITION FOR WHICH	OPERATIO!			YES NO NO NEED (FINISHED OF INJURY	IN CERTIFYII YES	NG CAUSES C	
ding physicians certifical burtal-tran Mental Hy	EDICAL CE	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAI (IF EITHER NOTIFY MEDICA) 21d INJURY OCCURRE	USE OF DEATH	140110 1	m, month da m,	Y YEAR	ZII LOCATIO		LENIER NATURE OF INJURY	IN ITEM IS PART	I GRPART 2)	
E D 395 0 /	W W	TIM HAJORI OCCORRE		TIE LEWCE	OI HAJORI		STREET		CITY OR TOW	'N	COUNTY	STATE

CITY OF TOWN COUNTY (AT HOME, STREET FACTORY OFFICE, FARM ETC.) NOT WHILE

22a.1 certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death accurred on the date and how and from the causes stated saw the deceased alive on above, (1) (we) (did) (did not) view the body alter death. DEGREE 22c DATE SIGNED 226 SIGNATURE

236 DATE

ATTENDING PHYSICIAN MEDICAL DIRECTOR PHYSICIAN 22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.

23d LOCATION
CITY OR TOWN
Pikesville

STAFF

Balto.

STATE Md.

24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

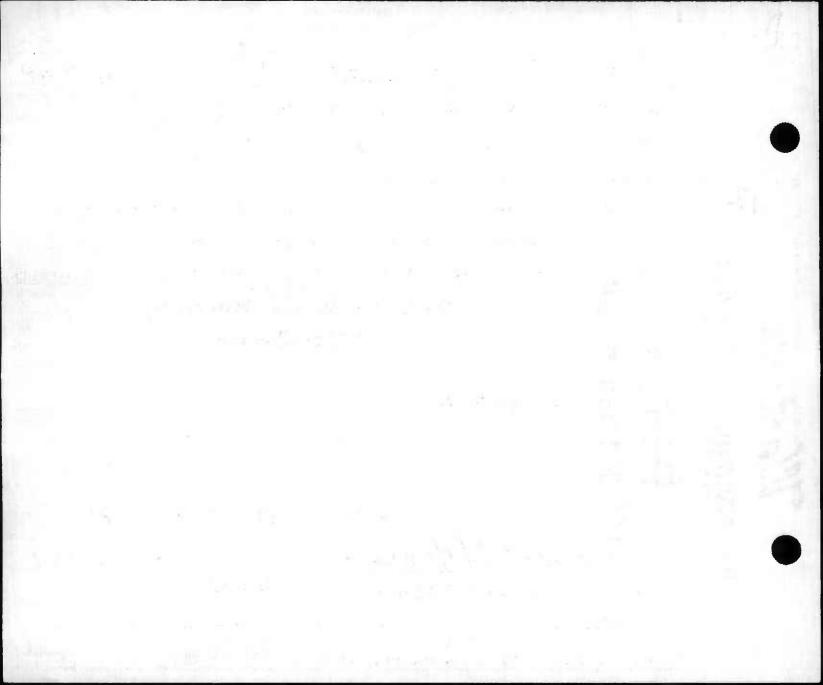
Burial

Martin D. Lawson, 10 W. Padonia Rd., 21093

7/7/-87

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Hem 21 is



h	. DE	REGISTRAN MEO.	FIRST	Bbj. ME	WIDDLE		CERTIFICATE	0 2a DA	REG. NO.	ONH DAY LAR	M HOL
	{TYPI	E OR PRINT)	MARK		E DWAF	D SO	UIRES	DEA	F ESTI-	7 11 19 87	7
3	SEX	4. RAC		DATE OF BIRTH	6 A	GE (IN YEARS IF I	JNDER I YR. IF UNDE		ATE ME	ONTH DAY YEAR	29.1100
	Maj	eo Whi	to c	Sept. 11	1963 23		NIHS DAYS HOURS	D	OUNCED EAD	7 14 19 87	7 7:4
7	a. Bi	RTHPLACE (STATE OR REIGN COUNTRY)	71	CITIZEN OF W	HAT COUNTRY?	8. MAR	RRIED NEVER MAR	RIED X 9 BAL	TIMORE CITY OR C	OUNTY OF DEATH	
4	Naz	hington D	.C.	USA	OUT ALL AUDROINE		WED DIVOR	1.70	altimore C		M
)				(IF NOT IN SUCH F	CILITY, GIVE STREET	DDRESS)		FOR MOST OF	WORKING LIFE)	OR INDUST	TRY
4		CKEYSVILLE L RESIDENCE (IF IN NU		power li			de Ra.	Housem	an	Holiday	Inn
	3a. ST	ryland /	Montac	mo h //	13c. CITY OR 1		13d. INSIDE CITY LIMITS?			225051	
		THER'S NAME			Kensir	igron	15 MOTHER'S MAI		ana Court	20895	1
51)	Edward	,	MIDDLE	Couris		FIRST		MIDDLE	LAST	
1		/AS DECEASED EVER	IN U.S. ARME		Squi	ECURITY NO.	Joann 17 INFORMANT	<u>e</u>	ADDRESS	Weith	
	[11	No	(IF YES, GIVE WA	R OR DATES)	213-50	-4841	Edward C.	Squires	Father	Same as	13
F		18 CAUSE OF DEAT	H (Enter only o	one couse per line						APPROXIMAT BETWEEN ONS	E INTERVAL
1		PART I DEATH W	AS CAUSED B		Electrocu	tion				BETWEEN ONS	ET AND DEAT
5		7.040	IMMEDIATE		AS A CONSEQ	JENCE OF					
× 1		Conditions, if a		1							
		gave rise to cause (a) stating		DUE TO OR	AS A CONSEQU	IENCE OF					
		lying couse lost.				JENCE OF					
		PART 2 OTHER SIGNIFICAN	T CONDITIONS COR	TRINUTING TO DEATH	RUT NOT RELATED TO	THE TERMINAL DISE	ASE OR CONDITION GIVEN IN	PART 1 or			
	NO										
	CERTIFICATION	19a. DATE OF OPERA	TION	196 CONDI	TION FOR WHIC	HOPERATION	WAS PERFORMED?			20 AUTOPSY	(?
	IFIC			36						YES 🖾	NO [
7	CER	210 EXTERNAL CAU		216. TIME O		21c.	HOW INJURY OCCUR	RED (ENTER NATURE C	OF INJURY IN ITEM 18 PART		
		UNDERLYING CONTRIBUTING	CAUSE OF DE	ATH ?? P.A	1. MONTH DAY	19 87 Su	bject apparer	ntly climbe	d high tens	ion tower	
	MEDICAL	214. INJURY OCCUR	RED	21e PLACE	OF INJURY (AT	HOME. 211 L	OCATION STREET				
	×	AT WORK AT W	ORK		Oad	F	ower Line of		Road, Balt	imore, Mar	ryland
		22a I certify that	took charge o	of the remains de	scribed above h	eld on Auto	npsy X. Inspect	ion . Inqu	usy and in	my opinion	
		death resulted fracti	. Natural		Accident 🗖	Suicide	Hamicide	Undetermine		ту ортон	
		ded in resoned 1.7	1		A.O.O.	Solcion	TITLE (SPECIFY)	Onderernmen	a monner,		
		ACTUAL SIGNATURE	Mary	T. 7	All le	1+ 1		T_MEDICALE	Y A SA INIED	DATE SIGNED 7-15-	-87
				1		0)	MEDICAL E.	AAMINER	SIGNED	<u> </u>
4.		EXAMINER'S NAME (TYPE OR PRINT)	Mario	F'. Goll	e, Jr.,	M.D.	ADDRESS 111 I	Penn St.,	Balto.,	MD 21201	
7		JRIAL, CREMATION, R	EMOVAL 23b.	DATE	23c. NAME	OF CEMETERY	OR CREMATORY	23d LOCATIC			STATE
	Ch	remation;	Ju	ly 17.10	987 Metr	opolita	n Cremator	Alexa	ndria	Virgin	
	24. FL	NERAL DIRECTOR F	rancis	J. Cold	lins, Jr		25a. DAT	REC'D. BY REGIS	TRAR 256 REGISTR	A A STATE OF THE PARTY OF THE P	
	50	O Universi	+ DD	1 4 0	· D O		d 20001	44 48	1/11/15	widow Pardas	

8 JUL	77	FOR STATE GISTRAR		DEPA	RTMENT OF H	EALTH AND MENTAL HY	GIENE 8 ZEG.	10 9	178
er death	1 DE	CEASED NAME	avinia (1018	A.	5+	Stein	20 DATE OF DEATH	MONTH DAY YE	
urs at	3 SE	Female	4. RACE CAU	uc.	S. DATE C		6 AGE (IN YEARS LAST B	YRS MONTHS:	DAYS HOURS MIN.
35	(OUNTRY) Mol TY OR TOWN OF DEAT	u	WHAT COUNTE	WIDOWE		1 1 11.	OR COUNTY OF DEAT	MD. MD.
10)	_	Towson		CH FACILITY, GIVE STI	PARIS	Hospice	Housewif	OF WORKING LIFE) INDUS	omemaker
Topas	13a. S	TATE aryland THER'S NAME	Baltimore	13c. CITY OR TO	OWN	134 INSIDE CITY LIMITS? YES NO X		ZIP CODE laney Valle	ey Road
0		Henry	MIDDLE	Seib	ert	Alice	WIDDIE		arshall
the medical			U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES)	217-07	7-3978	Mrs. Doro	thea J. Par	ault 11 G	lendorian (
fraumatic event, t		PART I. DEATH WA	DUE TO, C	CAR OLI	OVASCO	LIAR Accie		561	WEEN ONSEL AND DEATH
	NOI	couse (a), stating underlying cause PART 2 OTHER SIGNI	last (c)	OR AS A CONSE		NOT RELATED TO THE TER			
9	CERTIFICATION	190 DATE OF OPERATE			ICH OPERATIO	N WAS PERFORMED	YES NO	20b IF YES, WERE F IN CERTIFYING CA YES	NO
9	MEDICAL CE	210 ACCIDENT WAS UNDE OR CONTRIBUTING CA LIFEITHER NOTIFY MEDICA	USE OF DEATH HOUR A	MONTH	DAY YEAR	21¢ HOW INJURY OCCU	RRED (ENTER NATURE OF IN.	IURY IN ITEM 18 PART T OR PA	RT ?)
	MED	214 INJURY OCCURRE	(AT HOME S	DF INJURY	CE FARM, ETC)	21f LOCATION STREET	CITY OR	OWN COUN	ITY STATE
T S marked		saw the deceased above, (1) (we) (di	this hospital) attended t I alive an	17-22	87.00	12-7, 19_8 ad that in (my) (aur) opinia	n death occurred an the		m the couses stated
AT: # #ea		22b. SIGNATURE				ATTENDING PHYSICIAN		AFF	DATE SIGNED
IMPORTANT		Dr EddTe	Nakhud	a		2300 Du	laney Va	Mey Rd.	Towson, Mo
OWN	230. [Burial, CREMATION, R	23b. DATE			n Cemetery	CITY OR TOWN	Baltimore	Maryland
DM 7/84	24 P	ryan W. C	lary 10 W,	Padoni	a Road	21093	TE REC'D. BY REGISTRA	R 256 REGISTRAR'S SIG	

	hours ofter	A - by the
	within 24	plately fills
W.	executed	mos pao
C C	death certificate be	adding a pripage
	requires that the	and harmon
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer retained by the haspital or attending physician.	to critical property a star shows the best been considered by the

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		1	S.B.				E OF MARYLAND				
	77	j.	FORFITM G629	Item 23	c,23d DEPAR	TMENT OF H	EALTH AND MENTAL HYGI	ENE 2	1	0 1	-7
•			REGISTRAR 7-14-8				AST TEATR	20 DATE OF DEATH	O. DA	7 1	4
6)	n= /		FASED NAME FIRS	Ī	MIDDLE	L	ASI	2, 3	4	1000	HOUR
γ	000				s S. Steirba			07/11/87	YUD AVI	UNDER I YEAR IF	3 - 28 PM
Poge 4 moy	11 8	3. SE	(4 RACE		5 DATE C		B. AGE (IN YEARS LAST BIR	MC		OURS MIN.
- de			Male		Caucasian		27/08	78	YRS		
4	Dr 26		RTHPLACE (STATE OR FOREIGN	76 CITIZEN	OF WHAT COUNTRY	MARRIE	D X NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY C	PULATH	
deoth	1770		Maryland		S.A.	WIDOWE		Baltimo			MD.
ofter	1190	10CI	TY OR TOWN OF DEATH		OF HOSPITAL, NURS IN SUCH FACILITY, GIVE STRE		OR OTHER INSTITUTION	12a USUAL OCCUPAT		126 KIND OF B	USINESS OR
o su	B. 184		vicaliawn	Simm	itt Nursing F	iome		General Elec	tric	Retire	<u>d</u>
hou	PR 25	13e S	AL RESIDENCE (IF NURSING HO TATE 13b (OUNTY	13c. CITY OR TO	WN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	2120	77
n 24				Baltimore	Woodlaw	1	YES NO 🔀	5 Sumerfiel	d Road		
with:	家かかっ	14 FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	MIDDLE		LAST	
ecuted	B(S (X)		Frederick J. St	eirbach			Elsie Stalfo	rt			
xecn	Poges 1		VAS DECEASED EVERUN U.	S ARMED FORCE		CURITY NO.	17 INFORMANT Mrs. F	rieda Steirba	ch ch		
90	Poge		No		216-05	-3460	5 Symerfield I			e Marylar	
o te	pperson		18 CAUSE OF DEATH (En	ter only ane caus	e per line far (5), (b*, (and (ch.)				BETWEEN ONS	TE INTERVAL SET AND DEATH
1	on po emo		PART I. DE ATH WAS C	EDIATE CAUSE (Carci	noma o	f Prostate Me	etastasis B	one		
h ce	or r			DUE T	O, OR AS A CONSEO	UENCE OF					
deat	bye of fron,		Conditions, if any, which		copp copp						
÷ ÷	the remo		gave rise to immedia couse (a), stating the	ne DUE TO	O, OR AS A CONSEG	UENCE OF					
thot	d by the lease of the or other		underlying cause la		CVA						
Se .	burn burn ry, o		PART 2 OTHER SIGNIFIC	ant condition	IS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1 a	
regu	The The	CERTIFICATION									
3	prid	₹ S	198 DATE OF OPERATION	19b C	ONDITION FOR WHIC	CH OPERATIO	IN WAS PERFORMED	20a AUTOPSY?	IN CERTIFY	WERE FINDING ING CAUSES OF	S USED F DEATH?
The	show	1 =						YES NO	YES		но 🗌
N. hysio	Sat w		218 ACCIDENT WAS UNDERLYH OR CONTRIBUTING CAUSE		ME OF INJURY R. A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	TIORPART 2)	
SICIA 9 P	riol-triol-triol	S	(IF EITHER NOTIFY MEDICALEX	AMINER)	P.M.	19					
PHY	this e bu	MEDICAL	21d INJURY OCCURRED		ACE OF INJURY WE STREET FACTORY, OFFICE	E FARM ETC)	21f LOCATION STREET	CITY OF TO)WN	COUNTY	STATE
5	fter as th and arked	~	AT WORK NOT WHILE								
ON O	R. A use deoli		220 L certify that (1) (this		ed the deceased from	- 1		ta		9 87 , the	
Spite	150 150 121		saw the deceased all abave, (I) (we) (did) (c	ve an_ did not) view the l	bady after death.		nd that in (my) (aur) opinian o	death occurred an the d	ate and hour		
OR o	Chec Chec Dept Herr		226 SIGNATURE		0	141	ATTENDING .	MÉDICAL STA	55	22c. DATE SIG	
Al	ERAL I		James,	2	true	101	PHYSICIAN E	DIRECTOR PHYSI		7/1	3/87
d b	FUNERAL old be defent the State		274 PHYSICIAN'S NAME				22e ADDRESS				
) HC	should be de with the Stat		Dr. Jame	s Rowe			413 Commor	wealth Ave	Bal-	b Md	21228
0 a	5 43 ≥		BURIAL, CREMATION, REMO	DVAL 23b DAT			EMETERY OR CREMATORY	23d LOCATION E	Idersb	ugg, Ca	rrostate Co
BP			Burial	7/	14/87	akevie	w Cemetery	WOOGLAWN	Balt	imore	MD
DHMH	1 - 16 60M 7/B4	24 F	INTERNAL DIRECTOR	- ''	s FuneraloBi			REC'D. BY REGISTRAF	256 REGISTR	AR'S SIGNATUR	tE.
	VRA 15, 4)		8728 Liberty Pr					LU(3 187	yruna do	viden Th	
			THE PARTY OF THE				1 .		7		

E-14.1 TO BE THE REST OF THE CONTROL OF THE LAND COLUMN STREET AND COLUMN)5992

9

STATE OF MARYLAND

8	REG.	NO.	1	9	3	1
E OF	DEATH	MONTH	DAY	YEAR	26 HOUR	

) B i	FOR STATE REGISTRAR X CEASED NAME	C 173		DEPARTM	CERTII	HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8	REG. N	O. MONTH	9 DAY Y	EAR	S U
(TYPE	OR PRINT)	WILLIA	М	A	ST	TEVENS	JULY	14,	1987	,		6:30P
3. SE	X		RACE	Λ	5. DATE O		6. AGE (INY	-		IF UNDER	1 YEAR	IF UNDER 24 HRS
	MALE		WHITE		AUGI	JST 9, 1914		72	YRS.	MONTHS	DAYS	HOURS MIN.
	RTHPLACE (STATE OR	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMO			Y OF DEA	TH	
	MICHIGAN		U.S.A.		WIDOWI	ED DIVORCED	BALTI	MORE	COUNT	ΤΥ		Mi
10 CI	TY OR TOWN OF DEA	ATH 11	(IF NOT IN SUC	HOSPITAL, NURSING	G HOME (OR OTHER INSTITUTION	12a USUAL (BUSINESS OF
	FORT HOWA		VA ME	DICAL CEN	TER		PAINT				OTAT	
13a. S	VIRGINIA	13b. COUNTY FAIRE	1	GIVE RESIDENCE BEFORE 13t. CITY OR TOWN ALEXANDR	٧	13d INSIDE CITY LIMITS?	13e.STREET A				E (223091
4 FA	THER'S NAME FIRST JAMES	MIC	DDLE	STEVENS		15. MOTHER'S MAIDEN NAM UNOBTAINA	ME	WIDDLE			LAST	
	VAS DECEASED EVER	IN U.S. ARME		16b. SOCIAL SECUI	RITY NO.	17. INFORMANT		ADDRI	SS			
,	YES	KOREA		319 18 8	934	CLINICAL RECO	RDS, V	AMC,	FORT	HOWA:	RD,	MD
CERTIFICATION	gove rise to im- cause (0), statin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA	ng the lost.	NDITIONS CO		EUMON EATH BUT	ITA NOT RELATED TO THE TERM IN WAS PERFORMED	INAL DISEASI		20b. IF YE	S, WERE F	INDIN	GS USED OF DEATH?
RTIF							YES 💢	NO	YI	ES 🗌		NO 🗌
	21g. ACCIDENT WAS UNI OR CONTRIBUTING (# EITHER NOTIFY MEDI	CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NA	TURE OF INJU	RY IN ITEM 18	PART I OR PA	ART 2)	
MEDICAL	21d. INJURY OCCUR	HILE	21e. PLACE ((AT HOME, STR	DF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET		CITY OR TO	WN	COUN	iTY	STATE
	22a. I certify that (1) sow the decease above, (1) (we) (c	ed alive an	JULY :	14 19	.JUL.Y 87。	7 13 , 19 87 nd that in (my) (our) apinion c		d on the d		19 <u>8</u> or and from		ot (I) (we) los ouses stated
	224 SIGNATURY	and	Run	he M	9	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STA	FF		7-16	
	22d. PHYSICIAN'S NA	AME (TYPE OR PI	RINT)			22e ADDRESS						
	C FIDWARD		M.D.	han.		VA MEDICAL			T HOW	ARD,	MD	21052
É	BURIAL, CREMATION,	REMOVAL	7/17/8	NAT	TIONA	EMETERY OR CREMATORY L CEMETERY	23d. LOCA CITY ARI	OR TOWN	ON AR	COUNTY	ON	STATE VIRCINI
24 FL	JUERAL PRECTOR	Kahle	DA	DEMAINE LEXANDRIA	UNERA VIR	L HOMES, ÎNC	OLC'D. BY P	GISIBAR 1987	25h DECHE	TRANS SIC	CHIATIA	Bondale

BP. OHMH 16 60M 7/84

IMPORTANT: If them 21 is marked or frem 18 shows any

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MARYLAND USA MARRIED NEVER MARRIED BALTIM MOWED DIVORCED BALTIM DIVORCED DIVORCED	,1987 2:45 A M AST BRITHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS AND THE UNDER 1 YEAR IF UNDER 24 HRS AND THE UNDER 24
FEMALE WHITE To birthplace (state or foreign country) MARYLAND To city or town of death	AST BRITHDAY) IF UNDER 1 YEAR MONTHS DAYS HOURS MIN. 3 YRS YRS ORE COUNTY OF DEATH ORE COUNTY 125 KIND OF BUSINESS OR
FEMALE WHITE MARYLAND TO BE CONTINUE STATE OR FOREIGN The CHIZEN OF WHAT COUNTRY? TO BE CONTINUE 3 YRS MONTHS DAYS HOURS MIN. ITY OR COUNTY OF DEATH ORE COUNTY MD PATION 128 KIND OF BUSINESS OR	
TO BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND TO BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND USA TO BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARRIED NEVER MARRIED NEVER MARRIED BALTIMORE OF MARYLAND BALTI	3 YRS ITY OR COUNTY OF DEATH ORE COUNTY MD UPATION 128 KIND OF BUSINESS OR
70. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED PALTIMORE COUNTRY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCC	ITY OR COUNTY OF DEATH ORE COUNTY MD PATION 128 KIND OF BUSINESS OR
MARYLAND USA WIDOWED DE DIVORCED BALTIM	UPATION 126 KIND OF BUSINESS OR
IL DIVECTIFIE INTRECUTIFE VITACTAL HOME I UNICEN	IFE AT HOME
USUAL RESIDENCE IN NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 136.STREET ADDI	RESS / ZIP CODE APT. 506
MARYLAND BALTO. YES XXX NO [711] PA	RK HTS. AVE. #21215
14 FATHER'S NAME FIRST MIDDLE LAST FIRST MID	DLE LAST
LOUIS LEVY ROSA	LOWENTHAL
168 WAS DECEASED EVER IN U.S. ARMED FORCES? 168 SOCIAL SECURITY NO. 17 INFORMANT DR. CARL E	ADD HÉCHT
NO 218-44-0213 4015 OLD COURT RD.	BALTO.MD 21208
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY BULMON ARY EMBOLUS	SUPPEN
DUE TO OR AS A CONSEQUENCE OF	10406
Conditions, if any, which (16) BREAST CANCEYE,	IOYRS
gove rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF	
underlying cause last (c) CONG	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR	
CONCESTIVE HT. FAILURE	5785
CONCESTIVE HT. FAILURE 196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY YES NO 216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTERNATURE	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
YES NO	YES NO
HOUR AM MONTH DAY YEAR	OF INJURY IN ITEM 18 PART 1 OR PART 2)
(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	
	YORTOWN COUNTY STATE
WHILE NOT WHILE AT WORK	0 =
220.1 certify that (1) (this haspital) attended the deceased from	5 , 19 8 , that (I) (we) lost
sow the deceased alive an	the date and hour and from the causes stated
22% SIGNATURE DEGREE ATTENDING MEDICAL	22C. DATE SIGNED
PHÝSIČIAN PHÝSIČIAN DOTRECTOR F	STAFF HYSICIAN 7/17/87
22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS	2(20 2
D. SAPIK O 1 9 E. CHASE	21202
230 BURIAL, CREMATION, REMOVAL 230 DATE 230 NAME OF CEMETERY OR CREMATORY 231 LOCATION BACKTOLIC	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR.

IMPORTANT: If Item 21 should be detached fo

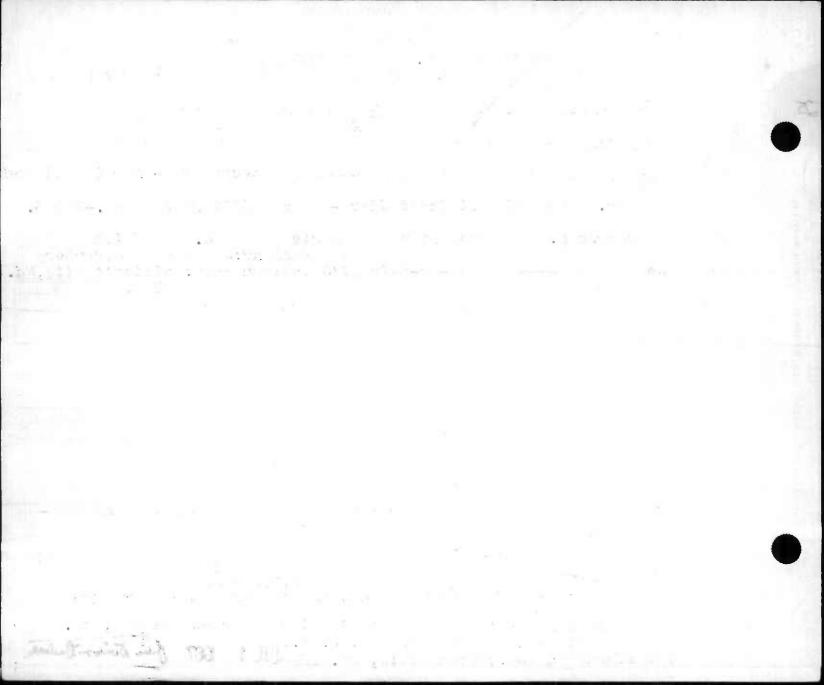
24 FUNERAL DIRECTOR SOL LEVINSON & BROS. MD. (21215)

BALTIMORE

MARYLAND

JUL 24 1987

						STATE OF MARYLAND		
050	i a a d	1775	b	FOR STATE	DEPARTA	MENT OF HEALTH AND MENTAL HY	GIENE R 7 1	0 1 0 0
U-2-(JUL T	1.07	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	7104
	. m			OR 88 (4.1)	ARGAREMODIE C.	~STROMBERG	26 DATE OF DEATH MONTH	DAY YEAR 26 HOUR 5
	ndy be			Mar	garet C.	Strom berg	1 -	1-87 2 AM
	DE OG .		3 SE	×	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
25	ge 4			temale	white	3-4-25	6d YRS	
	- P	400	70 BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
	deot	5		Balto. md	USA	WIDOWED DIVORCED		cerenty MO
	ofter death.	Or	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION LIVE OF WORK FOR MOST OF WORKING L Secretary - 1	126 KIND OF BUSINESS OR INDUSTRY Rein Control
201	by d	70	1	owson	Stella Ma	ris Hospiee	Secretary - 1	B & O Railroa
21	n 24 hours offi filled in by th	5 P		STATE . 13b. COUN	other institution give residence before NTY 131 CLITY OR TOW Ellicot	N 136 INSIDE CITY LIMITS?	13 STREET ADDRESS / ZIP COD	E
Ä	in 24				ara Ellicot		3114 Chathan	n Rd21043.
IRY1	ket ket		14 FA	ATHER'S NAME	Creighto	15 MOTHER'S MAIDEN NA	MIDDLE	LAST
×	red		1	George L.			L.	Smith
BALTIMORE, MARYLAND 21201	5 -	medicol	lée V	VAS DECEASED EVER IN U.S. AR. KES. NO OR UNKNOWN) (IF YES. GIV	E WAR OR DATES		and: Jame's Paul	
¥.	ou o	. 0	_^	0	K12-15-	5426 3114 Chati		
	cote	ovol.		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ily ane cause per line for (a), (b), and D BY.	1 - 0	2104	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.	er f	eve :		IMMEDIAT	E CAUSE (0)	vtumar-gli	uma.	
ON	death c	natio			DUE TO, OR AS A CONSEQUE	NCE OF		1 1 1
ES	de de	motion, o		Canditions, if any, which gave rise to immediate	(b)			
3	of the by the	t, crem other		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	ENCE OF		
201	÷ 70	0 0		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AIN ALDISEASE OF CONDITION G	IVEN IN PART 1/2
DS,	sign sign	to bur	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO I	DEATH BOT NOT RELATED TO THE TERM	MINAL DISEASE OR COMMINGING	VEN IN PART TO
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	× cen	prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. #F YE	ES, WERE FINDINGS USED
S. S.	on. hos	shows ony	E					IFYING CAUSES OF DEATH?
1 A	Z. ⊤ ysicic	Hygh 18 sh	e e	210. ACCIDENT WAS UNDERLYING	1		RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
9	SICIAN: T ng physici certificate	Mental Hygins or Hem 18 sh	¥	OR CONTRIBUTING CAUSE OF DEA	(In /	AY YEAR		
O	HYS nding his o	-	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
IVIS	offe p	1sh and orked a	Σ	MHILE NOT WHILE AT WORK	TAT HOME STREET FACTORY, OFFICE P	ARM, ETC.)		
0	A o	eolit s mo		220.1 certify that (1) (this hospi	tal) attended the deceased from_	4 27 19 85	1.10 7 /	. 19_87_, that (1) (me) last
	ATTEN Spirtol	21 i		sow the deceased alive on above, (1) (we) (did) (did no	it view the body after death.	87 ond that in (my) (our) o pinion	death accurred on the date and ha	ur and from the causes stated
	OR AT e hosp DIREC	pept.		22b. SIGNATURE	7	DEGREE		22c. DATE SIGNED
		e State D				ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/1/87
	- 0	0.10	1	224 PHYSICIAN'S NAME (TYPE O		22e ADDRESS	a Maris	
	O HC stoine	with the State		Eddie	Nakhuda, M.D.	Dulaney Valle		MD 21204
	75 F	5 3 ≤		BURIAL, CREMATION, REMOVAL	236 DATE 23c 1	NAME OF CEMETERY OF CREMATORY	234 LOCATION	COUNTY
	BP			Burial	7/4/87 Ne	w Cathedral Cer	metery-Baltim	ore, Md.
	DHMH - 16	60M 7/84		UNERAL DIRECTOR Sterl	ing Funeral		TE REC'D. BY REGISTRAR 256 PEGE	
	(VRA	5, 4)	73	66 Edmondson	Ave.; Catonsvi	lle, Md. 21228	1 1987 8 day	o Dendern Kontalle



STATE OF MARYLAND FOR

8728 Liberty Road Randallstown Maryland 21133

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9	1	g	
		-	

	REGISTRAR				CERTIF	ICATE OF DEATH	8 / REG. N	0.	9 1	8 3
87	CEASED NAME	FIRST	^	WIDDLE	1	AST		MONTH DA	AY YEAR	2b. HOUR
	ORPRINT	FI.	la Elizab	eth Surm	n		7/19/87			
3 SE	x		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		FUNDERTYEAR	IF UNDER 24 HRS
	Female			casian	5/0	7/ 1887	100	YRS		
	RTHPLACE (STATE OR	FOREIGN	Th CITIZEN OF	WHAT COUNT	RY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY C	OF DEATH	
	Maryland		U.S.A		WIDOWE	DIX DIVORCED	Baltimo		unty	MI
10 C	ITY OR TOWN OF DE	ATH		HOSPITAL, NUF		OR OTHER INSTITUTION	12a USUAL OCCUPAT			F BUSINESS OF
	Randallstown		Meridia	n Nirsing	Home		Homenaker			
	AL RESIDENCE (IF NUR!	136 COUN		13c. CITY OR T		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE	211	133
	Maryland	Bal	imare	Randall	Lstown	YES NO	3717 McDanas	h Road		
14 F.A	ATHER'S NAME FIRST		AIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME		LAST	т
	William Burr					Wilhelmina I	hilbb			
	VAS DECEASED EVER		MED FORCES?	166 SOCIAL S		17 INFORMANT Mrs. I	barothy Doyle	255		
·	No			219-32	2-0711 B	4415 Mary Avenu			e Maryla	and 21206
	18 CAUSE OF DEAT	H (Enter an	y one cause per	line for (o), (b)	, god icht	0 0.			APPROXU BETWEEN C	MATE INTERVAL DNSET AND DEATH
	PART L DEATH W		D BY E CAUSE (a)	Nut	then	el (cec)	es.			
INCATION	PART 2 OTHER SIG	cse				NOT RELATED TO THE TERM N WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	WERE FINDIN	4GS USED
							YES NO	IN CERTIFY YES	ING CAUSES	NO [
AL CERT	21a. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEA	21b. TIME O HOUR A.	M. MONTH	DAY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PAR	RT I OR PART 2)	
MEDIC	21d INJURY OCCUR		21e PLACE			211 LOCATION	CITY OR TO	OWN	COUNTY	STATE
2	WHILE NOT W	HILE DRK	IN HOME SI	TELL, PACIORI, OFF	n,c r mam etc.)		-110			
	22a.1 certify that (1) (this hospit	al) attended th	e deceosed fro	4	19 8	10	. 1		that (I) (We) la
	saw the deceas abave, (1) (we) (ed alive on,	view the body	after deoth.	9 9 1	nd that in (my) (our) apinion	deoth occurred on the o	iote and hour	ond from the	couses stated
	22b. SIGNATURE	3/	1-			DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c DATE	SIGNED 21 8
	274 PHYSICIAN'S N	AME (TYPE O	ON P	rick.	M	86201;	B-2 1	JLSC	Pla	QC.
	BURIAL, CREMATION	, REMOVAL	23b. DATE		23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
	Burial		July	22,	Mt. Oliv	ve Cemetery	Ramballsto	The state of the s	Baltimo	re MD
24 F	UNERAL DIRECTOR	Lorin	Byers Fl	neral Di			E REC'D BY REGISTRAN			
	8728 Liberts	Road	Ramalle	hown Man	71am2 21	133	11 22 1987	Julia	DUREGET	. Randall

DHMH - 16 60M 7/84 (VRA 15, 4)

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Indicated advers

Direction I

FOR

	I AIL U	MAKI	AND	
DEPARTMENT	OF HEAL	TH AND	MENTAL	HYGIENE
CE	RTIFICA	ATE OF	DEATH	

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	9 1 8 4
1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
OLIVE	Turner	SULLIVAN	July 28, 1987	8:30APM
1. 5EX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
Female	White	September 30,18	388 98 _{YRS.}	MONTHS DATS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
Maryland	U.S.A.	WIDOWE DIVORCED	□ Baltimore Cou	inty MD.
Baltimore	(IF NOT IN SUCH FACILITY, GIVES NUT	sing Home	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI HOMEMAKET	176 KIND OF BUSINESS OR INDUSTRY
UAL RESIDENCE (IF NUMSING HOM 130. STATE 13b. CO			5? 13e SIREET ADDRESS / ZIP COD 2700 blk. Mary	fand Ave. 21218
John	Pigot Turr	is Mother's Maiden	· · · · ·	Nason
160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 16b. SOCIAL S	ECURITY NO. 17. INFORMANT	ADDRESS	
No No	220-54	-7543 Terry Aman	708 Stonleigh Road	1 21212
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSE			
	NT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GI	VEN IN PART 1(a)
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WE	IICH OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\) NO \(\)
00.004.00000000000000000000000000000000	DEATH HOUR A.M. MONTH	DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
OR CONTRIBUTING CAUSE OF THE LITTLE CAUSE OF T	?1e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF		CITY OR TOWN	COUNTY STATE
saw the deceased alive	ospital) attended the deceased from		nian death occurred an the date and ho	ur and from the causes stated
27b. SIGNATURE	west eno.	DEGREE ATTENDIN	NG MEDICAL STAFF	7/29/87
22d. PHYSICIAN'S NAME (TY	PE OR PRINT)	22e. ADDRESS		1111

Charles F. 0'Donnell

7501 York Road 21204

73a BURIAL, CREMATION, REMOVAL Burial 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 7-31-87 New Cathedral 24 FUNERAL DIRECTOR Mitchell-Wiedefeld Home 6500 York Road 21212

Baltimore City Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

TUL 3 1 1987

that the death certificate be executed within 24 hours ofter death. Page 4

perol director, page 3 in 72 hours ofter death

by the ottending physicion and completely filled in by the asserted recordences. Pages 1 and 2 shalld be filled with

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEIGI O		LAC.		MITT	ILLEIA L ME	
CERT	FIF	CA	TE	OF	DEATH	

8	1	i	O	1
V	REG. NO	- 4	7	- 1

	1 - 7 8	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 /REG. N	10 9	1	8 5
		CEASED NAME FIRST SHIRI		NIDDLE	SULL	IVAN	JULY 21,	1987	YEAR	5 A. M
	3. SEX	FEMALE	4 RACE WHITE		5. DATE C MONTH	DAY YEAR	6 AGE (INYEARS LAST B	YRS		IF UNDER 24 HRS HOURS MIN.
}		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF V	NHAT COUNTRY	MARRIEI WIDOWE	NEVER MARRIED DO DIVORCED	9 BALTIMORE CITY BALTI	OR COUNTY OF D		MD.
5	10. CI	D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL SUCH FACILITY (IF NOT IN SUCH FACILITY (STATE OF THE NOT IN SUCH FACILITY (21234	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOMEMAKER 120 KIND OF BUSINES INDUSTRY			
7	13e. S		ROTHER INSTITUTION NTY	GIVE RESIDENCE BEFO 13c. CITY OR TO BALITIM	WN	YES NO 🖔		ZIP CODE LETON AVE	3.	21234
1	14. FA	ATHER'S NAME HARRY	MIDDLE	RAU		GLADYS	MIDDLE		LIMB	AUM
		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SEC 213-28		CHARLES E.	SULLIVAN		SAMI	E ADDRESS
7		18. CAUSE OF DEATH IEnter of PART I. DEATH WAS CAUSI IMMEDIA Conditions, if ony, which gove rise to immediate couse 'ool, stoting the	TE CAUSE (o) DUE TO, OF	AGO:	KESPI 0770	he LATER	lus H Sclan	ris	APPROXIA BETWEEN O	AATE INTERVAL NSET AND DEATH
	PART 2 OTHER SIGNIFICANT CONDITIONS			ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER			200 AUTOPSY? 206 IF YES, W		WERE FINDINGS USED ING CAUSES OF DEATH?	
9	MEDICAL CERT	CO CONTROLLING TO CAUSE OF OF ATTY HOUR A.M. MONTH			DAY YEAR	216 HOW INJURY OCCURR			OR PART 2)	
	MEG	WHILE NOT WHILE AT WORK	(AT HOME STR	EET, FACTORY OFFICE		STREET	CITY OR 1		OUNTY	STATE
/		270.1 certify that (I) (this hosp sow the deceosed olive or obove, (I) (we) (did no obove, (I) (we) (did no obove). 27d PHYSICIAN'S NAME (TYPE DR. MARV.	72e ADDRESS		AFF ICIAN 🗌					
		BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	7/23/		NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN BALITIMO		YTM	STATE MD.
•	24 FUNERAL DIRECTOR SCHIMUNEK FUNERAL HOME, INC. 9705 Belair Rd., Balto. Md. 21236									

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR

WPORTANT If Nem 21 is marked or Nem 18 shows an should be detached for use as the burial-transit, with the State Dept. of Health and Mental Hygiel.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR MIDDLE Herbert Summerfield Sr. 7-16-87 11:50a. 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH IF UNDER LYEAR IF UNDER 24 HRS MONTH Male White 5 29 07 To. BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY COUNTRY W.VA. MARRIED THEVER MARRIED USA WIDOWED DIVORCED [Baltimore County IN CITY OR TOWN OF DEATH 176 KIND OF BUSINESS OR (IE NOT IN SLICH FACILITY GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! Towson Greater Baltimore Medical Center Retired-Carpenter 13a. STATE Balto. 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Md. NO X 1716 Langley Road 21221 IL FATHER'S NAME 15 MOTHER'S MAIDEN NAME ANIDD: S Summerfield Alfred Vandevander Lora IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT IYES NO OR UNKNOWN) HE YES GIVE WAR OR DATES! Valley Mae Summerfield 1716LangleyRd. 2122 232-26-8234 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Congestive heart failure DUE TO, OR AS A CONSEQUENCE OF (emphysema) Conditions, if ony, which gave rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 706 IF YES. WERE FINDINGS USED 190 DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? Colon resection for adenocarcinoma k NO 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME STREET FACTORY, DEFICE, FARM, ETC.) 22a.1 certify that (1) (this haspital) attended the deceased fram July 16 1987 sow the deceased olive an abave, (I) (well pld) (did not) view the body after de and that in (my) (aur) apinion death accurred on the date and have and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL 7/16/87 PHYSICIAN DIRECTOR PHYSICIAN TX 224 PHYSICIAN'S NAME (1985 OFFICE 22e ADDRESS Rudiger Breitenecker, M.D. 6701 N. Charles St. Balt. Md. 21204 230 BURIAL CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE GardensofFaithCemetery Rossville Baltimore Buria! 7/18/87 24 FUNERAL DIRECTOR ConnellyFuneral Home 300MaceAve

DHMH - 16 60M 7/84 (VRA 15, 4)

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MPORTANT ild be o

-1-	FOR" STATE REGISTRAR	DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYGICATE OF DEATH	GIENE 8 REG. NO		9 1	8 /	
	CEASED NAME FIRST	WIDDLE	U	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR P	
		EPH J SVOBODA			7-2-87			M°	
3. SEX	(4 RACE	5. DATE O		6 AGE (IN YEARS LAST BIRT	IF UNDER 1 YEAR	IF UNDER 24 HRS		
	MALE	WHITE	7 -	-21-07	79	YRS	MUNIHS DAYS	HOURS MIN.	
	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH				
I	Linois	U.S.A.	WIDOWE	_	BA	LTO	CO	MD.	
10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS IN (IF NOT IN SUCH FACILITY, GIVE STREET		ROTHER INSTITUTION	120 USUAL OCCUPATION			F BUSINESS OR	
	BALTIMORE	ST. JOSEPH		PITAL	2061025	R	BEN	DIX CO	
	TATE DE NOTE (IF NURSING HOME OR 136 CBU	OTHER INSTITUTION, GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODI		34 c	
14. FA	THER'S NAME	MIDDLE C LAST	0	15. MOTHER'S MAIDEN NA	WE		LAS	т	
16a V	VAS DECEASED EVER IN U.S. AR	WED FORCES? 166 SOCIAL SECU	PITY NO	17 INFORMANT	ADDRE	SS			
		320-16		FAMILY	1 RECOR	05			
	PART I. DEATH WAS CAUSEI	ly one couse per line for (o), (b), on-		dden death	andron		APPROXI BETWEEN C	MATE INTERVAL DISET AND DEATH	
		DUE TO, OR AS A CONSEQUE	and in that	6			14		
	Conditions, if any, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	- acongog -)			yo		
	underlying couse lost.			ona orlen	dresse		MD		
_	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REPORTED TO THE JERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
O N									
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDIN FYING CAUSES ES		
CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	VE 15	21c HOW INJURY OCCUR		Y IN ITEM IB	PART I OR PART 2)		
	OR CONTRIBUTING CAUSE OF DEA		AY YEAR						
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		21f. LOCATION STREET	CITY OR TO	VN	COUNTY	STATE	
~	AT WORK AT WORK								
	22a.l certify that (I) (this hospit	tol) ottended the deceosed from_						that (II (we) lost	
	sow the deceosed olive on obove, (1) (we) (did) (did no	19	, or	nd that in (my) (our) opinion	deoth occurred on the do	te and hou	ond from the	couses stated	
	22b. SIGNATURE	1)/00		DEGREE	/	_	22s. DATE	SNED OF	
	(2 40	/	ATTENDING PHYSICIAN	MEDICAL STAF		11	5/8/	

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physical should be detached for use as the burial-transit permit. Then please remove carbon papers with the State Dept. of Health and Mental Hygiene prior to burial, cremaitan, or removal. IMPORTANT: If them 21 is marked or etoined by the hospital ar 22d PHYSICIAN'S NAME (TYPE OR PRINT)

injury, or other troumatic event, the medical

Hem 18 show pony

236 BURIAL, CREMATION, REMOVAL
(SPECIFY)
24 FUNERAL DIRECTOR
NAME 23b. DATE NAME OF CEMETERY OR CREMATORY

22e ADDRESS

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

-6-1987

HARFORD

THE ROSE DATE RECIDING STATE

250. DATE REC'D BY REGISTRAR'S, SIGNATURE

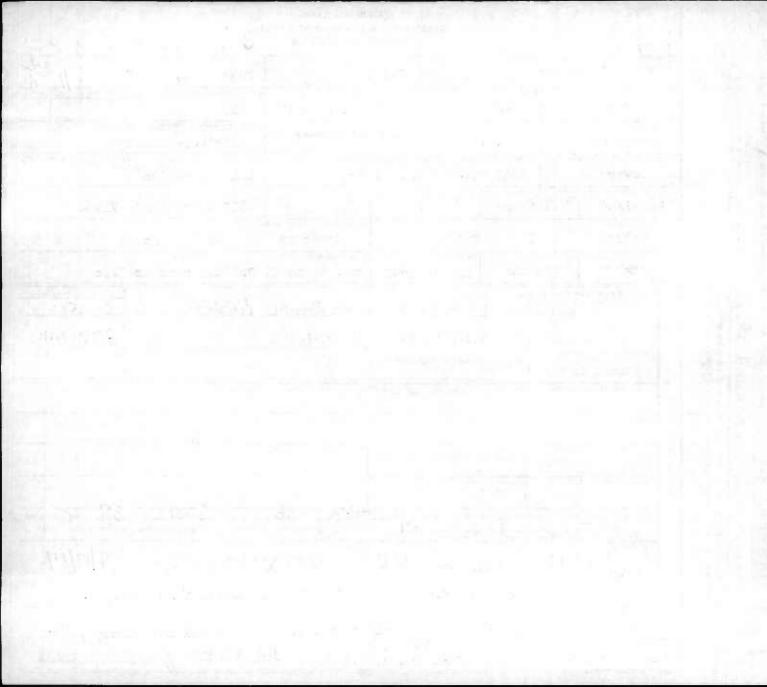
JUL 10 1987 Julia Deviden Readown



FR	1-	FOR STATE REGISTRAR			DEPARTN	NENT OF H	E OF MARYLAND BEALTH AND MENTAL HYO ICATE OF DEATH	GIENE / REG. N	10.19	! 6	3 8
		CEASED NAME OR PRINT)	FIRST ROBER		G.	SWIF	r T	July 1			26 HOUR 4
	3 SE	Male		4. RACE White		5. DATE O		6. AGE (IN YEARS LAST B	YRS	UNDER LYEAR	IF UNDER 24 HRS HOURS MIN.
5		RTHPLACE (STATE ORI	FOREIGN	U.S.A.	WHAT COUNTRY?	8. MARRIE WIDOWE	DE DIVORCED	9 BALTIMORE CITY Baltimor			M
0		Towson		8"317" W	yton Road	DDRESS) 2	DR OTHER INSTITUTION 1204	12a USUAL OCCUPA (TYPE OF WORK FOR MOST Lab Techr	OF WORKING LIFE!	12b. KIND O	F BUSINESS O
5	13a S	AL RESIDENCE (IF NURS IT ATE lary land	13b COUN Balt	other institution. TY CLMORE	13t. CITY OR TOWN TOWSON	admission) N	136. INSIDE CITY LIMITS? YES NO 🌁	13e STREET ADDRESS 8317 Wyto	/ ZIP CODE n Road,	21204	1
2	14. FA	Robert	Ź	VIDDIE	Swift		Dorothea	B. MIDDLE	Arna	al LAST	
/		VAS DECEASED EVER		wed forces?	218-46-3		Mrs. Diane C	. Swift, s		#13e	
		18 CAUSE OF DEAT PART I. DEATH W		y one couse per O BY: E C AUSE (o)	line for (o), (b), one NCREASE	7 (NTRACRANIAL	PRESSURE		3	MATE INTERVAL DINSET AND DEATH
		Conditions, if ony, gove rise to improve (o), statis	nediote	(b)_	R AS A CONSEQUE	71	tstrouto MA			201	CONTHS
	z	underlying cause	lost.	(c)_			NOT RELATED TO THE TERM	MINAL DISEASE OR COM	NDITION GIVE	N IN PART 110	
2	CERTIFICATION	19a DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY!	WERE FINDIN	IGS USED OF DEATH?
9		210. ACCIDENT WAS UNI OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDI	CAUSE OF DEA	TH HOUR A.	M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJ	URY IN ITEM 18 PAR	T I OR PART 2)	
	MEDICAL	216. INJURY OCCUR WHILE NOT WE AT WORK AT WO		21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
		sow the deceos obove, (1) (we) (ed olive on,	- ilul	4 10 198	7 . 01	nd that in (my) (our) opinion	death occurred on the	date and hour o	and from the o	
		27b. SIGNATURE	ra	Sur	men	MP		MEDICAL STA	AFF ICIAN	22c. DAJE :	3/87
1		22d PHYSICIAN'S N. Stua			an, M.D.			ins Hospita	l, Balt	o. Md.	
		BURIAL CREMATION, SPECIFY) Burial	REMOVAL	23b. DATE 7-14-	.87 N	Morela	emetery or crematory and Mem. Park		more Co	ounty	Md.
/84		JNERAL DIRECTOR ICK TOWSON	Funer	al Home	10: 2, Inc. To	50 Yo		UL 15 1987	1 1	Teolder	^

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as with the State Dept. of Health TO FUNERAL DIRECTOR:



059181

FOR

S	T	A	T	E	0	F	M	A	R	Y	L	A	N	D	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

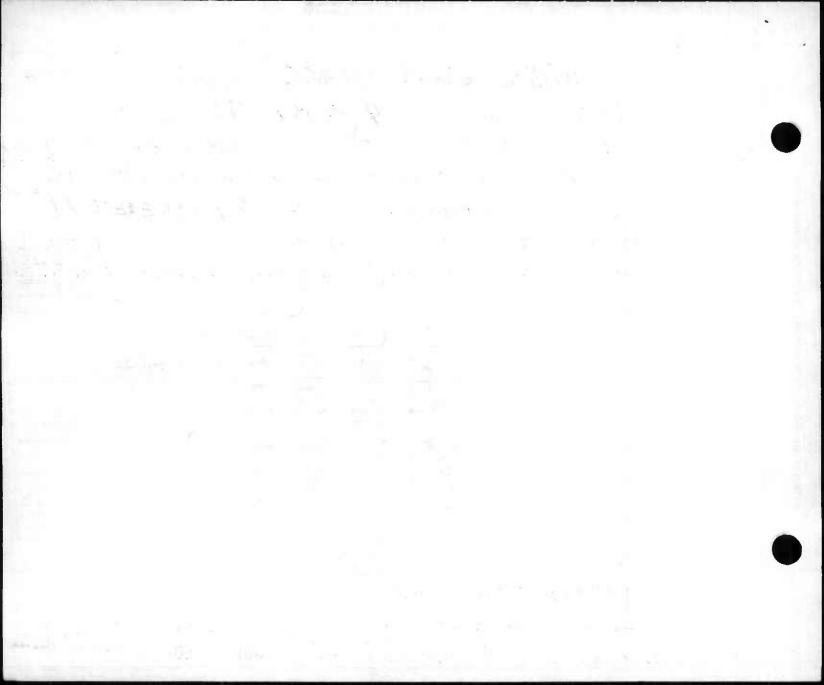
5	1	REG. I	40.	9	1	8	7
ATE	OF C	EATH	MONTH	DAY	YEAR	2b	HOU

10	- STATE REGISTRAR				CERTIFI	CATE OF DEATH	Ö / REG. N	0.		0 7
	CEASED NAME E OR PRINT)	Will	· Am	Edward	7	AL BOTT	7 2 8	MONTH I	DAY YEAR	26 HOUR 9 57/A
3. SEX	* MALE	,	CAU.		S. DATE O	30 1914	6 AGE (IN YEARS LAST BIR	YRS	IF UNDER I YEAR	HOURS MIN
	IRTHPLACE (STATE OR F COUNTRY)		4.5		MARRIED	DIVORCED [PALE!	MORC	C00	Nty .
	TOWSO	V	I IF NOT IN SUCT	+ FACRITY, GIVE STREET AD	B PH	HUSPITAL	176 USUAL OCCUPAT (TYPE OF WORK FOR MOST C Construc	OF WORKING LIF	INDUSTRY CONC	
13a S	ATHER'S NAME	136 COUNT		13c. CITY OR JOWN		134 INSIDE CITY LIMITS? YES NOTHER'S MAIDEN NAM	13e STREET ADDRESS	R B.	Ett	Rd
	William		H	Talbott		Alethia	ADDR		Gar	rett
	WAS DECEASED EVER YES, NO OR UNKNOWN) YES		WAR OR DATES	215 12 05		Stella Talbo			t Rd Mo	
	18 CAUSE OF DEAT PART I. DEATH W	H (Enter only (AS CAUSED IMMEDIATE	BY.	Cazdi	ac	Arrest			BETWEEN	MATE INTERVAL ONSET AND DEAT
1	Caraltera 11			IV/\V - 0 -0	· II a	a v That the I v (A)	11101 / 4/1-	UI		
Z O	Conditions, if ony, gove rise to immacouse (b), stotim underlying couse	nediate ng the last	((c)	R AS A CONSEQUEN		Prou mon	a Rena	I faile	EN IN PART II	0
TIFICATION	gove rise to improve couse (0), statin underlying couse	nediate ing the last	ONDITIONS CO		AIH BUT		IN AL DISEASE OR CON 200 AUTOPSY? YES NO	20b. IF YES	EN IN PART TO	NGS USED
EDICAL CERTIFICATION	gove rise to improve (b), stating underlying couse PART 2 OTHER SIGN	TION DERLYING CAUSE OF DEATH CALEXAMINER)	196 CONDI 196 CONDI 216 TIME O HOUR AJ P.J. 218 PLACE	DITRIBUTING TO DE TION FOR WHICH O F INJURY M. MONTH DAY M. OF INJURY	PERATION YEAR 19	711. HOW INJURY OCCURR	200 AUTOPSY? YES NO	20b. IF YES IN CERTIF YE	S, WERE FINDING CAUSES S DART (OR PART 2)	NGS USED S OF DEATH?
MEDICAL CERTIFICATION	gove rise to imm couse for storing underlying couse PART 2 OTHER SIGN 19a DATE OF OPERA 21a ACCIDENT WAS UNION CONTRIBUTING (IF EITHER NOTIFY MED) 21d INJURY OCCUM AT WORK NOT WAT WOOD 22a.1 certify that (I)	mediate ng the ng the lost NIFICANT CO TION DERLYING CAUSE OF DEATH CALEXAMINER) RED HILE RED (this hospito	ONDITIONS CO	TION FOR WHICH O FINJURY M. MONTH DAY M. OF INJURY EET, FACTORY, OFFICE, FAR e deceosed from	Y YEAR 19	211. HOW INJURY OCCURR 211. LOCATION STREET 19	200 AUTOPSY? YES NO NO NO NEED (ENTER NATURE OF INJURE	20b. IF YES IN CERTIF YE JRY IN ITEM 18 P	S, WERE FIND III YING CAUSES S	NGS USED OF DEATH? NO STATE
)	gove rise to immove couse for the couse of t	TION DERIVING CAUSE OF DEATH CALEXAMINER) (this hospite ed olive on	ONDITIONS CO	TION FOR WHICH O FINJURY M. MONTH DAY M. OF INJURY EET, FACTORY, OFFICE, FAR e deceosed from 19	YEAR 19	211. HOW INJURY OCCURE 211. LOCATION STREET 19 d that in (my) (our) apinion of	200 AUTOPSY? YES NO NO NO NEED (ENTER NATURE OF INJURE	206. IF YES IN CERTIFY YE IN CERTIFORM IS POWN	S, WERE FIND III YING CAUSES S	NGS USED S OF DEATH? NO STATE
MEDICAL	gove rise to immodule for the couse of the c	DERIVING CALEXAMINER) (this hospite ed division addition of the condition	ONDITIONS CO	TION FOR WHICH O	YEAR 19	211. HOW INJURY OCCURE 211. LOCATION STREET 19 d that in (my) (our) apinion of	YES NO NET NATURE OF INJUNE OF INJUN	206. IF YES IN CERTIFY YE IN CERTIFORM IS POWN	S, WERE FIND III YING CAUSES S ART I ORPART 21 COUNTY	NGS USED S OF DEATH? NO STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

BP.



FOR

FUNERAL DIRECTOR. After this certificate has been signed by detached for use as the buriol-transit permit. Then please the State Dept. of Health and Mental Hygiene prior to buriol, ORTANT: If hem 21 is ined by the hospital

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

	Of of of	5 4	3	<u>×</u> -
	BF			_
99	DHM	90	AKO9	7/84

Mohammad Alabrash, M.D.

7/19/87

Connelly Funeral Home 300Mace Ave.

Burial

23a BURIAL,

24 FUNERAL DIRECTOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Ė	REGISTRAR		CERTIF	ICATE OF DEATH	8 / REG. N	0.	9 1	7 0
T	DECEASED NAME FIRST	MIDDLE	Li	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
I	Wilson	0dell	TANNE	R	July 16.		1987	8:10A
3	3 SEX	4 RACE	5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
1	Male	White	May	6 1919 YEAR	68	YRS.	MONTHS DAYS	HOURS MIN.
3	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTI	RY? 8 MARRIEI WIDOWE	DIVORCED D	Baltimore CITY O			M
7	Rossville	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI Franklin So	RSING HOME OF REET ADDRESS) HO	R OTHER INSTITUTION	12a USUAL OCCUPAT (1YPE OF WORK FOR MOST O Retired—N	ON DE WORKING I	12b. KIND C	F BUSINESS OR
g.	10.04	NTY 13c. CITY OR TO		136 INSIDE CITY LIMITS?	13e STREET ADDRESS			7997
1	4. FATHER'S NAME FIRST Wilbur	MIDDIE LAST Tanner		15. MOTHER'S MAIDEN NA FIRST MVrt	ME MIDDIE	·	Kina	ī
7	(YES, NO OR UNKNOWN) (IF YES, GI		ECURITY NO.	17 INFORMANT BerniceTanne	addre er 5116Court	SS		23875
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSE	ouence of 1 parti	rain stem and				
		CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GI	VEN IN PART 110	a ·
	I 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [196 CONDITION FOR WH	ICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDIN IFYING CAUSES ES	
ш.	OR CONTRIBUTION CONTRACTOR OF DE		DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART 1 OR PART 2)	
	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AI WORK AI WORK AI WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI		21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	saw the deceased alive or above; t (we) (did) (did	ital) attended the deceased fro JULY 6	9 <u>87</u> , an	25 , 19 87 d that in (≠) (our) opinion	death occurred on the de		ui and fram the	
1	226. SIGNATURE	41 0		DEGREE			220 DATE	SIGNED

22e ADDRESS

Md. 21221

9000 Franklin Square Drive, 21237

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION

BermudaMemorialPark

Hopewell Chesterfield
C'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE OF MARYLAND

۲	AKIM	ENI	10	HE/	TIH	AND	MENTAL	HTGIE
		CE	RTI	FIC	ATE	OF	DEATH	

	CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	8 AEG. NO		9	9
NSON Y \	B B. To	TAWNEY			5 87 4	HOUR + bo Am
W	hite S. DATE O		· 13			OURS MIN,
ITIZEN OF	WHAT COUNTRY? B MARRIED WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF	county or (Balt		MD.
IF NOT HE CHE	HOSPITAL, NURSING HOME CHARACILITY, GIVE STREET ADDRESS)	CROTHER INSTITUTION	120 USUAL OCCUPATO (TYPE OF WORK FOR MOST OF Retired -(I	WORKING (IFE)	126 KIND OF B INDUSTRY Fix-it	
ore	give residence before admissions 13c CITY OR TOWN TOWSON	13d INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS / 1616 Alstor	zip code n Rd.	21204	
E	Tawney	15. MOTHER'S MAIDEN NAM Martina	MIDDLE		Uhler	<u> </u>
FORCES? OR DATES)	166. SOCIAL SECURITY NO. 212-07-8002	Columbia K.	ADDRE Fawney - sa n		13e	
e cause per	line far (a), (b), and (c)	stem 5	troke.		APPROXIMA BETWEEN ONS	ET AND DEATH
DUE TO, O	R AS A CONSEQUENCE OF	Carcinon	a of Pro	state		
DUE TO, O	RAS A CONSEQUENCE OF	emia	v			
DITIONS <u>C</u>	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	inal disease or cond	DITION GIVEN	IN PART Ital	
196 COND	ITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		VERE FINDING: NG CAUSES OF	
	PFINJURY M. MONTH DAY YEAR M. 19	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM TO PART	I OR PART 21	
	OF INJURY REET FACTORY OFFICE FARM ETC.)	211. LOCATION STREET	CITY OR TOV	WN	COUNTY	STATE
ttended th	e deceased from		, to		, tho	
or the body	gifter digoth.	ATTENDING PHYSICIAN [MEDICAL STAF	F	22c DATE SIG	
- E	L-Hennau	19 ,	2 14	Osler	Dr. 213	204

page 3 medical Pages prior certificate has for use as the burial-transit per of Health and Mental Hygiene IMPORTANT: If hem 21 is marked on tempted FUNERAL DIRECTOR. haspital should be detached with the State Dept. BP

DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL Burial

231 NAME OF CEMETERY OR CREMATORY Woodlawn

23d LOCATION CITY OR TOWN

Balto.,

Md.

24. FUNERAL DIRECTOR

22b. SIGNATURE

FOR - STATE

(TYPE OR PRINT)

To BIRTHPLACE

10 CITY OR TOWN OF DEATH

OWSOI

NO OR UNKNOWN)

14. FATHER'S NAME Charles

CERTIFICATION

MEDICAL

3. SEX

BENSON

76 CITIZEN OF WHAT

Benson

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVERESIDENCE BEFORE 136 COUNTY 136 CITY OR TOWN Maryland Baltimore Towson

H.

(IF YES GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c

IMMEDIATE CAUSE (a

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO

220.1 certify that (1) (this hospital) attended the deceased from

23b. DATE

7-18-87

I STATE OR FOREIGN

160 WAS DECEASED EVER IN U.S. ARMED FORCES

PART I. DEATH WAS CAUSED BY

Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause

19a DATE OF OPERATION

21d INJURY OCCURRED

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

saw the deceased alive an abave, (1) (we) (did) (did not

NOT WHILE

1050 York Rd.

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE Ruck Towson Funeral Home, Lnc., Towson, Md. 2120411

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

USED AS A BURIAL TRANSIT PERMIT. PAGES I OF HEALTH AND MENTAL HYGIENE, DIVISION PAR, CREMATION, OR REMOVAL.

NY DELAY IS NECESSARY, PLEASE
DESCRIPTION THE FUNKRAL DIRECTOR.
TO THE FUNKRAL DIRECTOR.
TO THE SERIECT TO THE SERIECT TO THE SERIECT TO THE SERIECT TO THE SERIECT TO THE STREET.

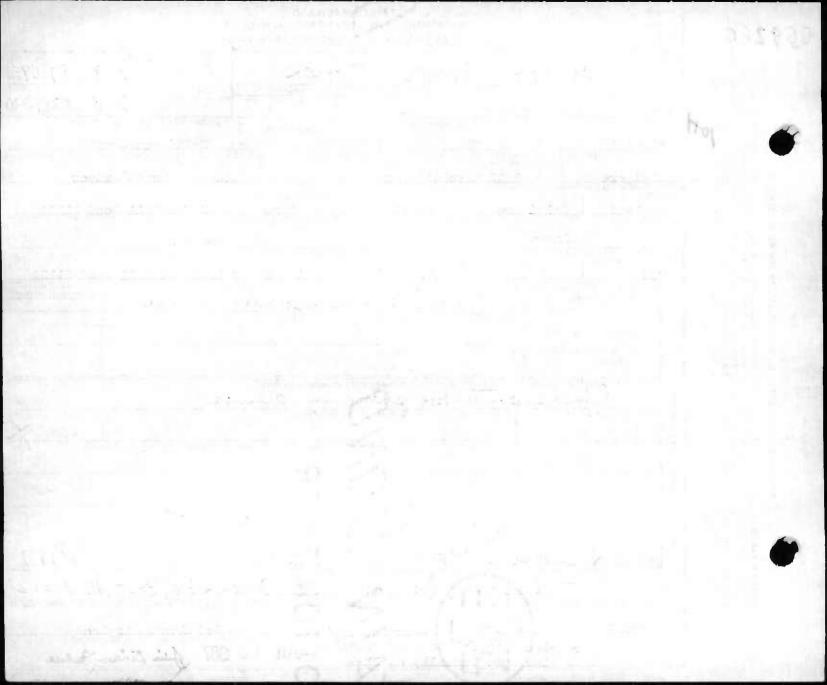
STATE OF MARYLAND

1-5	OR TATE			DEPARTMENT OF	HEALTH	AND MENTAL I					
O 8	EGISTRAR		MEI	DICAL EXAMIN	NER'S C	ERTIFICATE C		NEO.	3	1 5	20
	CR PRINT	JOSE	PH	DWIEL	T	TYLOR		DATE KNOWN OF ESTI- DEATH MATED	O 7	5 19 I	75. HOUR
3 SEX	4	RACE	S. DATE OF BIRTH	6. AGE (IN Y		DER 1 YR. IF UNDER		DATE	HINOM		YEAR 2d HOUR
7c BIR	THPLACE (STA	White MTE OR	10-9-22	64	rs.	D NEVER MARR	9 1	DEAD BALTIMORE CIT	Y OR COUN	8 18	
l v	irginia Y OR TOWN C	DF DEATH		SA PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS)	WIDOWI	D DIVOR	12s. USUAL	Baltim OCCUPATION (ore Co	126. KIND C	MD OF BUSINESS DUSTRY
	ltimore		1822 Ma	arshall Roa	d		Reti		ruck D		
USUA 13a ST		IF IN NURSING HOME (13c. CITY OR TOWN		T3d. INSIDE CITY LIMITS?	13e. STREET	ADDRESS			
-	ryland	Bal	timore	Dundalk		YES NO	18	22 Mars	hall R	oad 2	1222
14. FA	THER'S NAME	Unknov	MIDDLE	LAST		15. MOTHER'S MAID FIRST		MIDDLE Jnknown		LAST	
16a W	AS DECEASED	EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166 SOCIAL SECURI	TY NO.	17 INFORMANT		ADDRE	ESS		
Y	es		W II	577-22-00	11	Addie Br	cadds 1	822 Mar	shall	Road 2	21222
	Canditions gove rise couse (a):	IMMEDIA s, if any, which to immediate stating the <u>under-</u> e lost.	TE CAUSE (o) DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUENCE AS A CONSEQUENCE BUT HOT RELATED TO THE TER	OF	Mark Control	uchal	diseas		BETWEEN	kwate interval Onset and death
MEDICAL CERTIFICATION	19a, DATE OF	OPERATION	19b. CONDIT	TION FOR WHICH OPE	RATION WA	Tipe of one	Janes - Am			20 AUTO	\/
SICAL CER	216. EXTERNAL UNDERLYING CONTRIBUTIN 216. INJURY OF	OR G CAUSE OF	DEATH P.M	MONTH DAY YEA		W INJURY OCCURRE	ED (ENTERNATU	ire of injury in Item	LIS PART I OR PA	RT 2)	
		NOT WHILE C		ORY, FARM, ETC.)		REET	CI	TY OR TOWN	со	UNTY	STATE
	death resulted ACTUAL SIGNATURE	J. C.	ge of the remains des	Accident . Si	Autops	Hamicide	Undeterm	ined monner L	and in my ap	7/	18/87
	EXAMINER'S N (TYPE OR PRIN	ION, REMOVAL 2	ROSSIM	236 NAME OF CE		DDRESS ZMZ	JUND AL	LK AVE;	SALT.	110.	11222
(59	ECIFY)		Spine His year				CITY OR T	OWN	coul		STATE
	Burial NERAL DIRECT NAME	OR Duda-F		Lorra al Home of undalk, MD	Dunda	lk 250. DATE	REC'D. BY RE	Baltimor GISTRAR 256 RE 87 Juli	GISTRAR'S S	zland GNATURE	latto

BP_ **DHMH** - 17 (VR A15 ME (5))

TO MEDICAL EXAMINER: THIS CERTIFICATE SHC EXECUTE THE CERTIFICATE, WRITING THE WORE PAGE 4 SHOULD BE FORWARDED TO THE CH TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE U AFIELD H, WITH THE STATE DEPARTMENTO BAIL WARYLAND, 21201 PRIOR TO BUR

20M 4/B2



72 hours ofter death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG.	NO	9	1	9 3	
ATE OF DEATH	MONTH	DAY	YEAR	26. HOUR	
	7 27	8'	7		_/
(IN YEARS LAST I	BIRTHDAY	IF UNDER	1 YE AR	IF UNDER 24 H	RS

1 -	FOR STATE REGISTRAR			DEPARTM		EALTH AND I		GIENE 8	REG. N		9		9 3	
TYP	EASED NAME	/illiam		nornton		lor		20 DATE	OF DEATH	MONTH 27	7 8	YEAR	26. HOUR	
SE	Male	4 RA	Black	Κ	S. DATE O		YEAR 20	6 AGE (I	67	THDAY)	MONTHS.		HOURS MI	2 3
0.5	INTERPLACE ISLATEOR COUNTRY TY OR TOWN OF DEA	ATH [11.	NAME OF H	NHAT COUNTRY?	WIDOWE G HOME O PORESSI ALLS	ROTHER INS	VORCED [12e USU 4	MORE CITY O Baltin ALOCCUPATI PORK FOR MOST O A TENA	10re	Cou	nty KIND OF OUSTRY	BUSINESS	
13a. S	AL RESIDENCE (IF NURS STATE Md. ATHER'S NAME	13b COUNTY	0.	13c. CITY OR TOWI		134 INSIDE C YES	NO TO	11733	T ADDRESS	zip coi	Ils	Road	199	
	WAS DECEASED EVER YES, NO OR UNKNOWN)		FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMA		is	ADDRI	3 /3	ig F	alls	Rd.	
NO	Conditions, if ony gove rise to improve (a), stofic underlying couse	, which mediate on the last.	DUE TO, OF (b) DUE TO, OF	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO D	NCE OF	Thro,	tzi. In	MINAL DISE	ASE OR CON	DITION G			ediat	Y I
CERTIFICATION	190 DATE OF OPERA			TION FOR WHICH	OPERATIO			YES [TOPSY?	IN CERT	YES [GS USED OF DEATH?	
MEDICAL CE	21a. ACCIDENT WAS UN OR CONTRIBUTING LIF EITHER NOTIFY MED 21d INJURY OCCUR WHILE AT WORK AT WORK 220.1 certify that 11 sow the decess	CAUSE OF DEATH ICAL EXAMINER) RED This haspital)	P./ 21e PLACE ((AT HOME STR	M. MONTH DA M. DF INJURY BET FACTORY, OFFICE F	19 ARM ETC I	211 LOCATION STREET	_, 190	, to	CITY ORTO	2M)	. 19 8	unty th	STATE hot (I) (we) I	
		did) (did par) vie	16	M D	- / /		ATTENDING PHYSICIAN	MEDIC/		FF _		DATES		

BP.

etoined by the hospital ar HOSPITAL OR

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending should be detached for use as the buriol-transit permit. Then please remove carb with the State Dept of Health and Mental Hygiene prior to buriol, cremation, or

injury, or other troumotic

MAPORTANT: If Hem 21 is morked or Item 18 shows ony

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation 7-29-87

24 FUNERAL DIRECTOR

TO NAME OF CEMETERY OR CREMATORY Westview Crematory

Balto.

Co.

Md.

Chatman-Harris FH 1701 McCulloh Street

BY REGISTRAR 256 REGISTRAR'S SIGNATURE dia Divideon Pari MARSTON

BANICS

STATE OF MARYLAND

DEPARTMENT	OF HEALT	H AND MEI	NTAL HYGIEN
CE	PTIFICAT	TE OF DEA	TH

CERTIFICATE OF DEATH	GIENE 8	REG. N	10.	9	4	9	
LAST	20. DATE OF	DEATH	MONTH	DAY	YEAR	20 H	IOUF

0.6	1	97	7 All	L- STATE RECISTRAR	DEFARIT	CERTIFICATE OF DEATH	REG. NO.
31	pe	9e 3	1 110	1. DECEASED NAME FIRST (TYPE OR PRINT)	INIA LYONS	TEAR	20. DATE OF DEATH MONTH DA
Xo	ge 4 may	ector, pa		3 SEX	1 RACE WHITE	S. DATE OF BIRTH MONTH DAY YEAR SEPT 17 1920	6. AGE (IN YEARS LAST BIRTHDAY) IF
0	deoth, Po	in 72 hau	(4 10 4	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED MORCED	BALTIMORE CITY OR COUNTY OF
5	rs ofter o	by the fu	To C	BALTO COUNTY	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS) HIEL ILD	(TYPE OF WORK FOR MOST OF WORKING LIFE)
AND 212	24 hou	filled in	35	USUAL RESIDENCE (IF NURSING HOME OF 136, STATE 136, COU			130 STREET ADDRESS / ZIP CODE 1820 LOCH SHIE
MARYL	ed within	mpletely and 2st	exolumba.	FATHER'S NAME SERST SOLAN	MIDDLE LAST	15. MOTHER'S MAIDEN NA FIRST ALM 4	KATHERINE

WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)		JAMES	TEAR, JR	ADDRESS 412	COLLINS CO 805
18 CAUSE OF DEATH (Enter only one couse pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	r line for (a), (b), and (c),)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
Conditions, if any, which gove rise to immediate	RAS A CONSEQUENCE OF CU OR AS A CONSEQUENCE OF	- /s			

PART 2 OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE OR CON	DITION GIVEN IN PART 10
19a DATE OF OPERATION	1% CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA
			YES NO	YES NO
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19			
21d INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION		WN COUNTY
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TO	WN COUNTY

above, (1) (we) (did) (did nat) view the bady after death 226. SIGNATURE DEGREE 22c DATE SIGNED MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING PHYSICIAN 22e. ADDRESS 3501

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION

(SPECIFY) REMOVAL 7/31/07

CITY OR TOWN

COUNTY STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this should be detached for use as the this with the State Dept. of Health and in

MPORTANT. If Hem 21 is

24. FUNERAL DIRECTOR STATE

ANATOMY

BOARD

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE AUG 6 1987

IF UNDER I YEAR

SHIEL RD

COUNTY 126 KIND OF BUSINESS OR

MEISLAHN

YRS COUNTY OF DEATH IF UNDER 24 HRS

100 C

59258	43	Item 5,&6, G-FOR STATE Gbj.	629, 7/14/87, by F.H DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	9 1 9 5
y be		CEASED NAME FIRST	na Elizabeth	Thomas	20 DATE OF DEATH MONTH	8 87 1 ZOPM
ge 4 may ector, pog rs after do	3. SEX	Female	4 RACE White	5. DATE OF BIRTH 1914 April 21, 1513	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER TYEAR FUNDER 24 HRS.
orth Pog		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY? USA	8 MARRIED NEVER MARRIED NUDOWED NO DIVORCED	Baltimore CITY OR COUNTY Baltimore C	
by the to		andallstown	(IF NOT IN SUCH FACILITY, GIVE STREET	Gen. Hosp.	126 USUAL OCCUPATION LIVE OF WORK FOR MOST OF WORKING II BOOK KEEPET	126 KIND OF BUSINESS OR INDUSTRY Baker
filled in rould be	13a. S	AL RESIDENCE (IF NUMSING HOME OF STATE AT 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 134 CITY OR TOV	Ore YES NO D	130 STREET ADDRESS / ZIP COD	21230 o St.Balto.M
ed within 24 hours ampletely filled in by and 2 should be filled examiner must be to	14. FA	ither's name Edgar	MIDDLE Norf		BIDDIE	Häas
iote be executed system and camp opers. Pages for wol.		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES GI	rmed forces? 166 social sective war or dates) 214-01		Bloom, 805 Silv	to.Ma.27208 rer Creek Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NG PHYSICIAN: The law requires that the death certificate of the death certificate of the characters of the certificate of the characters of the buriol-transit permit. There is described to the prior to be the companion, or removal, or ked or frem 18 shows any injury to other tradements of them 18 shows any injury.	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE TO OR AS A CONSEQ	403/3	MINAL DISEASE OR CONDITION GI	VEN IN PART 110
TAL RECONTINUE The law refront the hos been statement. The law refront the hos been statement.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
SICIAN: T ng physici certificate entol-tronsi tem 18 sh		216. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH D	21¢ HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
WISION Offendin ter this c ss the bur h and Me riked or t	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
OR ATTENDI OR ATTENDI DIRECTOR. A sched for use Dept of Heal		saw the deceased alive a	orial) attended the deceased from. not) view the body after death. P. Tka crus	ond that in (my) (our) opinion		19, that (I) (we) last us and from the causes stated 27c. DATE SIGNED
TO HOSPITAL retoined by th TO FUNERAL should be deta with the Stote IMPORTANT: I	220.0	22d PHYSICIAN'S NAME (TYPE	ORPRINTI P. TKACZU	220 ADDRESS	re Contry Ge	ne, I Hozahl

CITY OR TOWN

Balto.A

.Co.N

STATE

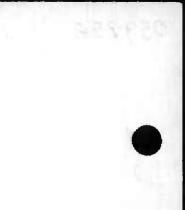
DHMH - 16 60M 7/84 (VRA 15, 4)

(SPECIFY) Burial

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Balto . Md . 2123 Quess Cull Funeral Home. 130 E.

Cedar Hill Cemetery

BP.



7 1		FOR Film	#G629.	Item #	8, DEBADTA		OF MARYLAND	1ENE			
JUL	13		/22/87		DEFARIN		CATE OF DEATH	REG. N	0.	9 1	96
		EASED NAME	FIR51		MIDDLE	1	AST	20 DATE OF DEATH	нтиом	DAY YEAR	26. NOUR
	TYPE	OR PRINT)	Mabel		Ε.	Tho	rnton	July 8, 19	987		12:45P M
	3. SE)	<	1	. RACE		5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	
		male		White	<u> </u>	9º∾¹2	6-1907 YEAR	79	YRS.	MONTHS DAYS	HOURS MIN.
6		RTHPLACE (STATE O	R FOREIGN		WHAT COUNTRY?	MARRIE!	NEVER MARRIED	9 BALTIMORE CITY	_		
	Ch	ester, MD		USA		WIDOWE		Baltimore	e Coun	ty	MD
A	10 CI	TY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		ROTHER INSTITUTION	12g USUAL OCCUPAT			OF BUSINESS OR
	Ва	lto. Coun	tv		ennsbury l		Balto, 21237			L/ 114D031K1	
	USUA	AL RESIDENCE (IF NO		THER INSTITUTION		ADMISSION)	134 INSIDE CITY LIMITS?		/ 7ID CODE	Rolto	21236
	MD		Balti		13E CHY OR TOW	N	YES NO X	13e STREET ADDRESS 9530 Perry	Hall	Blvd,	Apt. 204
	14. FA	THER'S NAME					15. MOTHER'S MAIDEN NA	ME			-
		Frederick		UDDLE	Foebus		Emma	WIDDLE		bulle'	n n
	16a V	AS DECEASED EVE	R IN U.S. ARA	AED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		-
De l	No	ES NO OR UNKNOWN)	(IF YES GIVE	WAR OR DATES)	215-03 - 96 219-40-52	67D 218	Carolyn E. Gu	ckert, 4239	Neck	er Ave	. 21236
, "		18 CAUSE OF DEA	TH (Enter onl	y one couse pe	r line for (a), (b), op	ticil			10 -	BETWEEN	MATE INTERVAL
		PART I. DEATH		CAUSE (0)	Mex	zofo	I'c Car	runz	Kill	Legg	•
2				-	R AS A CONSEQUE	NCE OF				11	,
		Conditions, if on	v. which	(1b)	K AS A CONSECUE	1402 01					
		gove rise to in	nmediate)	B AS A CONSTRUIT	NCE OF					
		underlying cou	4	DUE TO, C	R AS A CONSEQUE	NCE OF					
N .		PART 2 OTHER SH	NIFICANTO	ONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIV	FN IN PART 1	0
5	Z	a	0	_	lent	7 (Mesule	- d	sec.	20
	CERTIFICATION	190 DATE OF OPER	ATION	196 CONE	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		, WERE FIND	
5	H							YES TI NOT		YING CAUSE	S OF DEATH?
	ERT	210 ACCIDENT WAS U	NDERLYING	216 TIME C	OF INJURY		21c HOW INJURY OCCUR				
(OR CONTRIBUTING		"		YEAR					
Hein	MEDICAL	(IF EITHER NOTIFY ME			.M. OF INJURY	19	211 LOCATION				
0	MEI		VHILE []		REET FACTORY OFFICE F	ARM ETC)	STREET	CITY OR TO	OWN	COUNTY	STATE
Ē		220 I certify that	I) (this hospit	al) attended t	he deceased from_			, ta		19	, that (It (we) last
5		saw the deced above, (I) (we)	sed alive an.	Lucius Aborbordi	19	ar	nd that in (my) (our) apinion	death accurred on the d	ate and hou	r and from the	e causes stated
E		226. SIGNAFURE	1 1 1	view me boo			DEGREE			22c. DAT	E SIGNED
-		VVV	VVV	un	- CORY	Oca.	ATTENDING PHYSICIAN I	MEDICAL STA		71	8(8)
2		224 PHYSICIAN'S	VAME (TYPE OF	PRINT) #	0 1		22e ADDRESS	J DINECTOR LI TITTOR			
S S		GPA	vit	4.	VAT	Tri C	10.				

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL BURIAL

John Miller, Inc., 6415 Berrir Rd., 21206

236 DATE

7-10-87

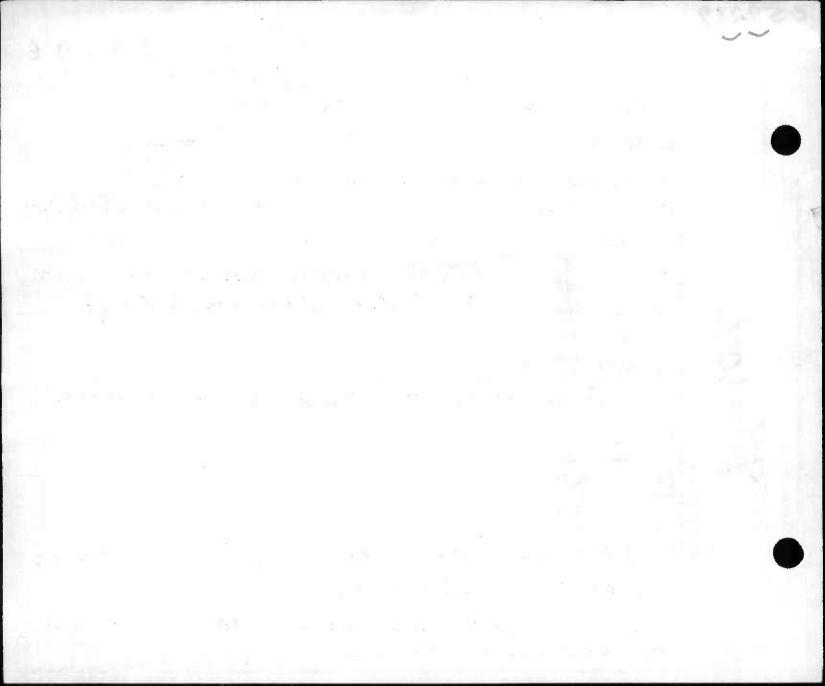
23d LOCATION
Balto. 736 NAME OF CEMETERY OR CREMATORY Parkwood Cemetery

Balto, MD ATE

750 DATE REC'D. BY REGISTRAR 750 REGISTRAR'S SIGNATURE

JUL 10 1987 Aulia Decidera D.

Antia Devideon Pandara



TO FUNERAL DIRECTOR: Also should be distached for use on with the State Dept of Health

DHMH - 16 60M 7/84

(VRA 15, 4)

BP

1630 EDMONDSON AVENUE CATONSVILLE

06074

1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	st.		
REG. NO.	1	4	- 1
OF DEATH HOUSE		DAY	25.65

7 BTREGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.		
I. DECEASED NAME	1951		HIDDLE	1	AST .	20 DATE OF DEATH	MONTH	DAY TEAR	76 HOUR
1-11/20/20/20/20	Milton		E.	tho	rStraten	JULY 21	Access to the second		69
3. 5EX		4 RACE		5 DATE C	Control of the contro	6. AGE /IN YEARS LAST BE	ari-day.	WONTHS DAT	
MALE		WHITE		FEBR	UARY 16,1923	64	YRS.		
TE BIRTHPLACE (1)	ATE OF FOREIGN 7	IL CITIZEN OF	WHAT COUNTS	RY? 8. MARRIE	D XXVEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
MARYLAN			.A.	WIDOWE	DIVORCED [COUNTY	
CATONSV	Th I market to the	19 NOT IN SUC	HOSPITAL, NUR HYACEITY, GIVESTO AMBETH		OR OTHER INSTITUTION	LITHOPRAP	OF WORKING		OF BUSINES ART
USUAL RESIDENCE	F HURSHELROME OF C		Day City OR TO	PORE ADMISSIONS	134. INSIDE CITY LIMITS?	13e STREET ADDRESS		ic .	
MARYLAN	7507000	TIMORE	CATONS		YES NO XX	307 LAM			21228
14 FATHER'S NAME		eoit	(AS)		15. MOTHER'S MAIDEN NA				AN)
1005411		JACOB	1	traten	MINNA		LEN		EPHER
The WAS DECEASED	EVER IN U.S. ARA		166 SOCIAL SE	ECURITY NO.	17. INFORMANT	ADDA			
YES	WW I		218-14	-8171	Marjorie th	orStraten	SI	AME AS	# 13
	DEATH Enter only		ligar for sale (b)	and ic-	2	1	OILS COL	APPER BETWEE	KIMATE INTERV
PART I DE	ATH WAS CAUSED IMMEDIATE		EIA	STATIO	I DLADDED	LARCIN	AMC		
gave rise to course (a), underlying	couse lost.	(6)	R AS A CONSE						
gave rise to couse (a), underlying PART 2. OTHE	o immediate stating the course last. R SIGNIFICANT CI	ONDITIONS CO	ONTRIBUTING.	TO DEATH BUT	NOT RELATED TO THE TERA				
gave rise to couse (a), underlying PART 2. OTHE	o immediate stating the course last. R SIGNIFICANT CI	ONDITIONS CO	ONTRIBUTING.	TO DEATH BUT	NOT RELATED TO THE TERM	706 AUTOPSY?	20h IF YE IN CERT	VEN IN PART 5, WERE FINI FYING CAUS	INGS USED
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STATE OF MARYLAND

FOR TATE EGISTRAR		DEPART		EALTH AND ME		IENE 8	7 REG. N	NO.	9	4	4	ડ
EASED NAME FIRST		AIDDLE	· ·	AST		20 DATE	OF DEATH	MONTH	DAY	YEAR	26 HC	OUR
	RGARET	Ε		LETT		4.405	YEARS LAST B	07	16	187		1:501
FEMALE	4 RACE Whi	te	Mar.	DAY	211	AGE (IF	66	YRS	MONTHS		HOURS	
THPLACE (STATE OR FOREIGN DUNTRY) MD		WHAT COUNTRY? JSA	MARRIE WIDOWE	D NEVER MA	470		ORE CITY		TY OF D			MD
Y OR TOWN OF DEATH TOWSON		OSPITAL, NURSING CONTROL OF THE PROPERTY OF TH			T.	TYPE OF WO	L OCCUPA ORK FOR MOST Onne	OF WORKING	LIFE) IN	DUSTRY	XXOI	ness or N
L RESIDENCE (IF NURSING HO)	ME OR OTHER INSTITUTION OUNTY	GIVE RESIDENCE BEFOR 13c. CITY OR TOW Balt	VN	13d. INSIDE CITY YESXE N	LIMITS?	13e STREET 132	ADDRESS	/ ZIP CO Nor	o. ther		239 kwy	
THER'S NAME	T.	Tille	tt	Rosa Rosa		ΛE	WIDDLE		Fr	cick	ĮĪ	
AS DECEASED EVER IN U.S. S NO OR UNKNOWN) (IF YE	S GIVE WAR OR DATES)	214 18	1325	17 INFORMANT		B1ak	e,	RESS Balto	o.,	MD	21	1204
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Patra	a Stea	dman	- 1		ENDING	MEDICA DIRECTO	L ST.	AFF ICIAN	2	7/		87
PATRICIA ST		.D.		22e ADDRESS GBM(0-670	1 N.	CHAP	RLES	ST.			
URIAL, CREMATION, REMO	VAL 23b. DATE	230	NAME OF C	EMETERY OR CR	EMATORY	23d LO	CATION					

page 3 ector po Poges othe prior buriol-tronsit pern | Mental Hygiene p 8 FUNERAL DIRECTOR. ± MPORTANT ld b

BP. DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR NAME (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

Buria1

BTATE BEGISTRAR

10 CITY OR TOWN OF DEATH

(YES NO OR UNKNOWN)

ME BIRTHPLACE (STATE OR FOREIGN

WSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

7/18/87

I. DECEASED NAME LIVEE OR PRINTS

3. SEX

13a STATE

CERTIFICATION

MEDICAL

14 FATHER'S NAME

James

H.W. Jenkins

21212

Woodlawn

CITY OR TOWN

Woodlawn

250. DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATURE

COUNTY

STATE

MD

TO SELECT IN MYTE CONST.

1 1	1.	FOR Item	#6 G 62	9 7/27/87	CW STA		MARYLAND H AND MENTAL H	HYGIENE			
160547 N	1/2	3-87 HAR		MED	ICAL EXAMI	NER'S	CERTIFICATE	0	REG. NO		7
3842		CEASED NAME	WILLIA	nn R	OBERT	TR	AVERS	0	TE KNOWN ESTI-	1 - 00 0	7 2b. HOUR
AV, PLEADONE FILE	M.	ale	White	S. DATE OF BIRTH	YEAR 6. AGE (IN)	EARS IF UI		MIN. PRONO	ATE DUNCED AD	7 20 19 8	I au HOOK
A WITH THE PARTY OF THE PARTY O	7a. B	IRTHPLACE (ST DREIGN COUNTRY) anada	ATE OR	76 CITIZEN OF WH.			IED NEVER MARR	RIEDA	_	r County of DEATH	MD.
PAGE PAGE	1	ssex 21		11. NAME OF HOSP	Handswo	th P	lace	120. USUAL OC FOR MOST OF Manage	CUPATION (TYPE WORKING LIFE)	OF WORK 12b KIND OF OR INDUS	BUSINESS
App 3	136.S	RESIDENCE STATE aryland	13b. COUN	or other institution, givi TY timore	RESIDENCE BEFORE ADMIS	SION)	13d. INSIDE CITY LIMITS? YES NO	13e STREET AD	DRESS Hand	sworth Pl.	21221
W 45	14. F	ATHER'S NAME	Howard	K. Traver	LAST S		15. MOTHER'S MAID FIRST Heler		MIDDLE	LAST	
ALTIMORI S. AFTER D. GIVE FAG TITH FORM AGES 1. VISION O	16a \	WAS DECEASED	DEVER IN U.S. AR/	MED FORCES? WAR OR DATES) 51-54	519 36 9		John H. Ti	ravers		cey Road Conn. 0601	.9
ON ST., B. TEM 18. I LONG W FREMI. P.		18 CAUSE OF PART I DE	ATH WAS CAUSE	TE CAUSE (o)	PPIOPULM AS A CONSEQUENCE		4 APRES	Т		APPROXIM. BETWEEN ON	ATE INTERVAL ISET AND DEATH
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MEDICAL MEDICAL MEDICAL MATION MATION	NO	PART 2 OTHER SIG	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BE	IT NOT RELATED TO THE TER	MINAL OISEA	E OR CONDITION GIVEN IN PA	ART 1 (a).			
TTALRE SHOULD CHEF CHEF CHEF CHEF OF HEL	TIPICAT	90. DATE OF	OPERATION	19b. CONDITI	ON FOR WHICH OPE	RATION V	VAS PERFORMED?			20. AUTOPS	
PICATE THE WITO THE COULD BE COUNT BE C	CAL CERTIF		L CAUSE WAS OR OG CAUSE OF I	216. TIME OF HOUR A.M. P.M.	MONTH DAY YEA	R 21c. H	OW INJURY OCCURRE	ED LENTER NATURE C	F INJURY IN ITEM 18 P	ART 1 OR PART 2)	
DIVISION HIS CEPTER WEITING TH ARDED TO WEE 3 SHOOL OT PRICE TO	MEDICAL	214 INJURY O WHILE AT WORK	NOT WHILE C	21e PLACE O	FINJURY (AT HOME, IRY, FARM, ETC.)		CATION	CITY O	RTOWN	COUNTY	STATE
EXAMINER: TO CERTIFICATE, TO CERTIFICATE, VID. BE FORW WITH THE ST. VARYLAND, 212	2	deoth resulte		e of the remoins described to couses		Autop uicide	Inspection Inspection Inspection Inspection Inspection	Undetermined		d in my opinion	1-2
TO MEDICAL E EXECUTE THE PACE A SHOUL ATTENDET A ATTENDET OF THE ALL		EXAMINER'S I	NAME J. M	NIEFOFI	mo =, mo	^	ADDRESS	- 9000 F BALTO	RANKUN	DATE SIGNED 720 1 Sqyare DR	181
BB 8544		URIAL, CREMAT	ION, REMOVAL 2	7/21/87	Green M		Crematory	23d. LOCATIO CITY OR TOWN	mo re Md	COUNTY	STATE
DHMH - 17 1 (VR A15 ME (5)) 15M 7/77	300	zdzinsl	1	1 Home PA	ente			REC'D. BY REGIS	TRAR 256 REGIS	STRAR'S SIGNATURE	LU ₀
						212					7

residence desired to the second of the secon TELEPLE CONT. CONT. Colon R. Calys to Contact, Cont. Cont. The state of the s 060640

the funeral director page 3 d within 72 hours after death

STATE OF MARYLAND

IE)	7		2	0	- 3	
0	1	REG. NO	2	7	6.00	

FOR 24-87-ATE	DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	IENE / REG. NO	19200
1. DECEASED NAME FIRST	MIDDLE	Į.	AST	20 DATE OF DEATH	MONTH DAY YEAR 26. HOUR
MARY	FRANCES		TURN		
3. SEX Female	Black	S. DATE C		6 AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS.
7a. BIRTHPLACE (STATE OR FOREIGN MD	76 CITIZEN OF WHAT COUNTRY U.S.A.	MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH
TOWSON	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME C		BALTIMORE 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	
USUAL RESIDENCE (IF NURSING HOA 130 STATE MD	AE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE OUNTY 13c CITY OR TO Baltim	ORE ADMISSION) ON	13d. IN SIDE CITY LIMITS?	13e STREET ADDRESS / 6524 Redgat	ZIP COD€ te Circle 21238
14 FATHER'S NAME FIRST Alonzo	MIDDLE Johnso	n	15. MOTHER'S MAIDEN NAME Willie	WE	Ni1 Îst
160 WAS DECEASED EVER IN U.S. (YES. NO OR UNKNOWN) I IF YES	ARMED FORCES? 166 SOCIAL SEC S. GIVE WAR OR DATES) 218-42		Percell Turn	addres er 6524 Redg	sate Cir. 21238
	DUE TO, OR AS A CONSEQ	ON SEC DENCE OF			
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
OR COLUMN THE COLUMN	DE DEATH HOUR A.M MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	VINITEM 18 PART I OR PART 2)
CIF EITHER NOTIFY MEDICAL EXAM	21e. PLACE OF INJURY	E FARM ETC)	211 LOCATION STREET	CITY OR TOW	VN COUNTY STATE
WHILE NOT WHILE AT WORK					
22a certify that (I) (this h	nospital) attended the deceased from		. 19	, to	
22a certify that (I) (this h	nospital) attended the deceased from			death occurred on the do	te and have and from the causes stated 22c DATE SIGNED
22a L certify that (I) (this has we the deceased alive above, (Miwe) (did) (did)	nospital) attended the deceased from e on 19 d not) yew the body after death.		nd that in (my) (our) opinion DEGREE ATTENDING	MEDICAL STAF	te and have and from the causes stated 22t DATE SIGNED

DHMH - 16 60M 7/B4

(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to b

March Funeral Homes, Inc. 1101 E. North Ave.

JUL 23 1987 Julia Devider Radars

ST	ATE	OF	M/	ARYL	AND	
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NUG	10	FOR STATE GGISTRAR		DEPARTM		EALTH AND MENTAL HYO	BIENE 8 /REG. NO.	920	-
100	I DE	CEASED NAME FIRST	MIDD	DLE	L	AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HO	UR
	(TYPE	OR PRINT)	·ULL	215			JUL	Y38.198 8	O PM
	3. SE		RACE	1	5. DATE C	F BIRTH	6 AGE [IN YEARS LAST BIRTHDAY]	IF UNDER I YEAR IF UNDE	R 24 HRS
		CEMALE	W 44, -	TE.	MONTH	- 6- 1894 YEAR	93	MONTHS DATS HOURS	MIN.
9	To B	RTHPLACE STATE OF FOREIGN 7	D CITIZEN OF WH	AT COUNTRY?	8		9 BALTIMORE CITY OR COUN		
Ħ	1	MARY/ Anh	7156	-	WIDOWE	DIVORCED	. Baltimore C	County	MD.
	10 C	TY OR TOWN OF DEATH		SPITAL, NURSING	HOME	ROTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSIN	IESS OR
1		Towson	TOWSOI		+ NO	RCARE	Beautician	Hair Sty	/IInc
12	13a S	AL RESIDENCE (IF NURSING HOME OR O ITATE 136 COUNT I ARYLAND Balt:	TY 130	E RESIDENCE BEFORE A CCITY OR TOWN		13d. INSIDE CITY LIMITS?	1302 Brook Mea	adow Dr. / 2]	1204
-	14 F	THER'S NAME	IDDLE	LAST		15. MOTHER'S MAIDEN NA	MIDDLE	LAST	
	1	JILL MAM A	+,	WELL	5	Rosa M	4. Armacost	1001	
			NED FORCES? 161	SOCIAL SECUR	ITY NO.	17 INFORMANT	ADDRESS	tyboy Dam Ro	3
١,		No	57	78-03-06	49 D	Arthur H. We	ells, Parkton, N	D 21120	۸.
		18 CAUSE OF DEATH (Enter only PART), DEATH WAS CAUSED	one cause per line	e for ia), (b), and	I C	1	^ 1	APPROXIMATE INTE	RVAL D DEATH
	-		CAUSE (a)	CAMDI	OPU	MONAN	r Annest		
				S A CONSEQUEN	NCE.OF				
		Canditions, if ony, which	(b)	SWA	1161	vina 5	STANOSIC		
		gave rise to immediate couse (a), stating the	DUE TO OR A	S A CONSEQUEN	ICE OF				
		underlying cause last	(6)	3 A CONSLOCE	101				
		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONT	TRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART Ira	
	CERTIFICATION								
)	CAT	190 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH C	PERATIO	N WAS PERFORMED		YES, WERE FINDINGS USE	
	E						YES NOW	YES NO	
1	Ü	210. ACCIDENT WAS UNDERLYING	HOLIR A.M.	MONTH DAY	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)	
7	Z Z	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.		19				
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF	INJURY FACTORY, OFFICE, FAI	Day ETC)	21f LOCATION	CITY OR TOWN	COUNTY	STATE
ı	Σ	MHILE NOT WHILE AT WORK	(ATTIONE STREET.	TACIONI, OFFICE, FAI	M EIC /	1 0	,	1	
		220.1 certify that (I) (this haspite			AMA	MY 12/ 19 81	-85 VIVEOI	7 19 8 7 that [11]	(we) last
		saw the deceased olive on abave, (I) (we) (did) (did not	VIXIZ	8 0 19 U	8 1, or	d that in (my) (our) opinion	death occurred an the date and I	nour and from the causes st	toted
		22b. SIGNA URE	view the body diff	er dearn.	[DEGREE		22c. DATH SIGNED)
		11 2- (1	w	1	ATTENDING PHYSICIAN	MEDICAL STAFF	7/29	187
-		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)			22e ADDRESS	·		-
		A- SERGIO	CASS	ANEGO)	5601 Lo	CH RAVEN	BLUD.	
	23a l	BURIAL, CREMATION, REMOVAL	July_3:			EMETERY OR CREMATORY	23d LOCATION	YLAUOU	STATE
		Burial	1987	110		mel Cemetery			
		UNERAL DIRECTOR		Second			TE REC D. BY REGISTRAR 256 REG	ISTRAR'S SIGNATURE	No
	J	. J. Hartenstein	, New Fr	eedom, P	A 1	7349	6 0 5 198/		

TO FUNERAL DIRECTOR After

DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND

DAY

FEBRUARY 6,1920

MARRIED NEVER MARRIED

77e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

CRESTLAWN

YEAR

DIVORCED TX

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

ULSCH

5. DATE OF BIRTH

MONTH

WIDOWED

	1		
٦,		REG	NO

6. AGE (IN YEARS LAST BIRTHDAY)

SUITE 105

23d LOCATION

CITY OF TOWN

MARRIOTTSVILLE

5400 OLD COURT ROAD

MONTH

22, 1987

9. BALTIMORE CITY OR COUNTY OF DEATH

BALTIMORE COUNTY

RANDALLSTOWN, MD.

REGISTRAR'S SIGNATURE

Julia Dividion Randallo

20 DATE OF DEATH

JULY

9	. 9	0	0 3
7	See.	0	the

IF UNDER 1 YEAR

26 HOUR

176 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

12:03Am

21157

.. that (I) (we) last

MARYLAND

IF UNDER 24 HRS

0	0	7	101	1111	27	97	STATE REGISTRAR EASED NAME
0	U	l	4 1	JUL	41	TYPE	EASED NAME

3. SEX

FEMALE

Ta. BIRTHPLACE ISTATE OR FOREIGN

MARYLAND

22d PHYSICIAN

BURIAL

23a BURIAL CREMATION, REMOVAL

RUTH

4 RACE

WHITE

7/25/87

1630 EDMONDSON AVENUE, CATONSVILLE, MD. 21228

14 FUNERAL DIRECTOR LEROYNEM. & RUSSELL C. WITZKE DEUNERAL HOMES P.A.

U.S.A.

76 CITIZEN OF WHAT COUNTRY?

page in by the funeral old be filed with oth ta buri this certificate has been the burial-transit permit. I and Mental Hygiene prior ony shows or Item 18 TO FUNERAL DIRECTOR: MPORTANT: If Hem 21 is old be detached for the State Dept of P

CI	TY OR TOWN OF DEA	TH 1		HOSPITAL, NURSING HOME O	OR OTHER INSTITUTION	170 USUAL OC			176 KIND OF BUSINESS
	RANDALLSTO	WN		URT NURSING CE	ENTER	BEAUT		I 40 CIVE)	BEAUTY
30 S		136 COUNT HOWAI	Y	GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN COLUMBIA	13d. INSIDE CITY LIMITS? YES NOXX	13e STREET ADI	DRESS / ZIP (E 21045
_	THER'S NAME				15 MOTHER'S MAIDEN NA	ME	7411	244441	
	JOHN	MI	DDLE	NIELICOMD	FIRST	A	AIDDLE	011	(AST
a V	VAS DECEASED EVER	IN U.S. ARM	ED FORCES?	NEWCOMB	MAUDE 17 INFORMANT		ADDRESS		HENK
	(ES, NO OR UNKNOWN)	(IF YES, GIVE	VAR OR DATES)	224-16-8705	EDWARD M.	ULSCH	LIECTMI		
	PART I. DEATH W	H (Enter only AS CAUSED IMMEDIATE		line for (a), (b), and (c)	tartatic (accine	ma		APPROXIMATE INTERVAL BETWEEN ONSE! AND DEA
NO	Conditions, if ony, gove rise to imm couse (a), statin underlying couse	nediate g the last	(c)	R AS A CONSEQUENCE OF	NOT RELATED TO THE TERM	MIN AL DISEASE C	dr condition	1 GIVEN	IN PART 1:0
TIFICATI	190 DATE OF OPERAT	ION	196 COND	TION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPS YES □ N			VERE FINDINGS USED NG CAUSES OF DEATH?
CAL CERT	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING	AUSE OF DEATH		FINJURY M. MONTH DAY YEAR M. 19	21c. HOW INJURY OCCUR	RED (ENTER NATUR	e of injury in Ite.	M 18 PART	1 OR PART 2)
MEDI	214 INJURY OCCUR		71e PLACE	OF INJURY REET FACTORY OFFICE, FARM, ETC.)	211 LOCATION STREET		ITY OR TOWN		COUNTY STATE
	22s I certify that (I) saw the decease above, (I) (we) (d) 22h. SIGNATURE		1/1	-13 19 87 or	-25 , 1986 nd that in (my) (our) apinion DEGREE	death accurred a			87, that (I) (we) and from the causes stated
			HUE/XVI	uua	ATTENDING PHYSICIAN	DIRECTOR	STAFF PHYSICIAN		1-22-8

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

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Towns I

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21	A	15	OF	m	ΑI	ΚI	B ₂	А	N	L

8 /REG. N	0.	9	2	0	3
DATE OF DEATH	MONTH	DAY	YEAR	2b H	DUR

To Determine The property of the property	175 JUL 29	9 87 FOR 1 - STATE REGISTRAR	DEPA	STATE OF M RTMENT OF HEALTH CERTIFICAT	AND MENTAL HYGI	ENE REG. NO.	192	0
SEX RACE STATE OF BRITE STATE OF		. DECEASED NAME FIRST				11.00		h HOU
The Birtherace (Stationofolion of Country of Death Death Death Country of Death	ther dec	SEX	4 RACE	5. DATE OF BIRT	Н		DAY) IF UNDER I YEAR	IF UNDER
TOWSON OF DEATH TOWSON		a. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIED 🔀 1	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
13 NATE ADDRESS / ZIP CODE ADDRESS / ZIP CODE ADDRESS / ZIP CODE ADDRESS / ZIP CODE ADDRESS ADDRESS / ZIP CODE ADDRESS	ofter dec		11. NAME OF HOSPITAL, NUF	SING HOME OR OTH	ER INSTITUTION	12a USUAL OCCUPATION	N 126 KIND OF	BUSINE
It FATHER'S MAME LawTence Tens It It It It It It It I				OWN 13d. IN	NSIDE CITY LIMITS?	13e STREET ADDRESS / 2	zip code 2/6	23
The property of the property	mpletely ond 2 sh		E. Gill		OTHER'S MAIDEN NAM	\E		n
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF gove rise to immediate couse (a), stoking the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF gove rise to immediate couse (a), stoking the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF gove rise to immediate couse (b), stoking the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF gove rise to immediate couse (b), stoking the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF gove rise to immediate couse (b), stoking the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF gove rise to immediate couse (b), stoking the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF gove rise to immediate cause lost gove rise to immediate lost gove rise lost g	Poges and col							3 13
OR CONTRIBUTINGCAUSE OF DEATH HOUR A.M. MONTH DAY TEAR P.M. 19 21d INJURY OCCURED 21e PLACE OF INJURY (AT HOME_STREET, FACTORY, OFFICE, FARM, ETC.) 21f LOCATION STREET CITY OR TOWN COUNTY 27d. Industry County C	equires that the consistent of the place of	couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT R	20 ts	NAL DISEASE OR CONDI	TION GIVEN IN PART 110	Pro · · · · · · · · · · · · · · · · · · ·
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P. M. 19 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 270. I certify that (i) this hospital) attended the deceosed from sow the deceased alimon obove, (if ye) (idid (idid not view the body after death.) 270. I certify that (i) this hospital) attended the deceosed from sow, (if ye) (idid (idid not view the body after death.) 271. I certify that (i) this hospital) attended the deceosed from sow, (if ye) (idid (idid not view the body after death.) 272. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN CONTROL 272. DATE SIGN 272. PHYSICIAN STAME (TYPE OR PRINT) 273. BURIAL, CREMATION, REMOVAL 235 DATE 273. NAME OF CEMETERY OR CREMATORY 274. OR ON OS I PT 21 204 275. COUNTY	ote har bent permit per	210. ACCIDENT WAS UNDERLYING				YES NO	IN CERTIFYING CAUSES O	
obove, (173e) (did i did indiview the body ofter death. 278. SIGNATURE DEGREE ATTENDING: MEDICAL STAFF PHYSICIAN DIRECTOR PH	24 322 76 4	OR CONTRIBUTING CAUSE OF DE (IF EITMER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	DAY YEAR				5
228 APHYSICIAN SAME (TYPE OR PRINT) 228 ADDRESS Benjamin K. Yorkoff M.D. 7600 Osler Dr. 21204 230 BURIAL, CREMATION, REMOVAL 236 DATE 736 NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNTY	A TTENDIN bospiral or RECTOR At Med for use or ept of Health here 21 is man	obove, (1)(ve) (did) did no	ordered the deceased from the view the body ofter death.		E		22c. DATE SI	
236 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY COUNTY COUNTY	HOSPITAL Order by the FLINERAL D Ad the debot ORTANT, it is	22d PHYSICIAN STAME (TYPE	C. Jorsof		ADDRESS		an 7/2	118
	01 0113		· ·· · · · · · · · · · · · · · · · ·			23d. LOCATION		
BP Cremation 7/22/87 Westview Cemetery Balto. Balto. 74 FUNERAL DIRECTOR 21204 250. DATE REC'D. BY REGISTRAR'S SIGNATURE.	BP	Cremation	7/22/87	Westview		Balto.	Balto	

1 189 88 JUL 38 SEC. 101 . OF 12 OF

9997 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2, 201 n 24 TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

STATE OF MARYLAND

PARTMENT OF HEALTH AND MENTAL HYGIEN	E				
CERTIFICATE OF DEATH	8	REG. NO.	i	9	La Casa

	DECEAS TYPE OR PR	SED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH	HINOM	DAY YEAR	2b. HC
		5	STEPH	ten (Clifton	VA	ALLIANT		7	18 87	53
3.	SEX	To be need		4 RACE		5. DATE (OF BIRTH	6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAY	
	M	IALE		CAUCAS	SIAN	1:		81	YRS	S	
5 70		PLACE (STATE OR TRY)	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWI	ED NEVER MARRIED DIVORCED	9 BALTIMORE CITY	-	COUNT	7
		DAUSTUU			CH FACILITY, GIVE STREET A	ADDRESS)	OR OTHER INSTITUTION GENERAL HOSP.	120 USUAL OCCUP LITYPE OF WORK FOR MO Sanitatio		gufe) 126 KIND INDUSTR Ker Balt	OF BUSI
13	3c. STATE	SIDENCE (# NUR E rland	136. COUN		GIVE RESIDENCE BEFORE 136. CITY OR TOWN Baltimon	N	134 INSIDE CITY LIMITS? YES LI NO X	13e STREET ADDRES 2900 De		ode e_Avenue	e 212
0	I. FATHER	r's NAME FIRST Stepher		WIDDLE	Vallia	ent	15 MOTHER'S MAIDEN NA Grace	G.		T	AST Cesc
1 16	(YES, IN	DECEASED EVER O OR LINKNOWN)		RMED FORCES? VE WAR OR DATES)	220-05-56		Stephen T.		ame as		
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	Co	ponditions, if ony over rise to im- iuse (o), stati- iderlying cause	VAS CAUSE IMMEDIA , which mediate ng the e last.	D BY: TE CAUSE (o) DUE TO, C (b) DUE TO, C	CARDW OR AS A CONSEQUE OR AS A CONSEQUE	INCE OF		bre	ONDITION (
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2	PAGE 190.	part I. DEATH W ponditions, if only pose rise to im- use (o), stotii iderlying couse RT 2. OTHER SIG DATE OF OPERA ACCIDENT WAS UN CONTRIBUTING INJURY OCCUR HILE NOTIFY MED INJURY OCCUR INJURY OCCUR HILE NOTIFY MED INJURY OCCUR VAS CAUSE IMMEDIA' , which mediate ng the lost. NIFICANT (CAUSE OF DEAL ICAL EXAMINET RED ICAL EXAMINET WHILE ICAL EXAMINET ICAL EXA	DBY: TE CAUSE (o) DUE TO, C (b) DUE TO, C (c) CONDITIONS C 196 COND 196 COND 216. TIME C HOUR A R) 21e. PLACE (AT HOME, SI	OR AS A CONSEQUE ONTRIBUTING TO D OTTOM FOR WHICH IN OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA The deceased from 188	OPERATION T NOT RELATED TO THE TERM DN WAS PERFORMED 211. HOW INJURY OCCUR 211. LOCATION STREET 212. 19. 37 ond that in (my) Corporation DEGREE	AINAL DISEASE OR CO	206. IF IN CER	GIVEN IN PART YES, WERE FIND RTIFYING CAUS YES [] 18 PART I OR PART 2 COUNTY 19 87 hour ond from the	DINGS USES OF DE		

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

George J. Gonce 4001 Ritchie Hgwy Balto Md

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE modale.

Total NAME OF THE

13.84

EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN THE PARTE DEATH. IF ANY DELAY IS NECESSARY, PLEASE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" PENDING THE FORWARDED TO THE CHIEF MEDICAL MEDIC ILST, JALTIMORE, MD: 21201 DIVISION OF VITAL RECORDS, 201 W. PRES

07/84 25M

		Items, 1	8a,21a-22a	., G-629, by		xam STATE	OF MAI	RYLAN	D				,		
01		STATE Gbj	. 7/25/87	AAE	DEPARTM					YGIENE	JI MO				
office.	10.00	REGISTRAR	EDST	WE	DICAL E	AAMINEK	'S CEI		AIEO	FDEATH	NL.	G.NO.))	0	Sugar
.0		E OR PRINT)	NE I MOI		MIDDLE		TW3 (OF ESTI-		-4	O.7	JB HOUR
PLEASE COOR. FILES. HOURS	2 65)	,	Rich.			est V	nder	voor	+		DEATH MATE	MONII	-4	1987	M HOUR
ST S	3. SEX	ale		5 DATE OF BIRTH	YEAR	LAST BIRTHDAY)	MONTHS		HOURS		DATE	7_	1_	, 87	9:35
ARY NOU TON	0.00	RTHPLACE (S	Cau.	12/26/1	935	51 YRS.				0.5	DEAD BALTIMORE C	ITY OR COLL	HTY OF D	17	M H
FUNERAL DIRECTOR. FONERAL DIRECTOR. FOR YOUR FILES. W. WITHIN 72 HOURS. W. PRESTON STREET.	FC	REIGN COUNTRY)		U.S		^		West .	ER MARRIE	ED L	Baltim	-		1	2
T S S S S T		Cansas		11. NAME OF HO			DOWED		DIVORCE		OCCUPATION			ND OF BUS	MD
DELAY IS NOT HE FILED, DS 201 W	V	White	Hall	Rt. 439	ACHUY, GIVE STRE	of I-83	3	1143111011	1014		TOF WORKING LIFE		OR	nlet:	Υ
ANY DE NO 3 T RETAIN OULD B COOLD B	13a S		(IF IN HURSING HOME	OR OTHER INSTITUTION, G	13c. CITY C			INSIDE CIT	Y LIMITS?	13e STREET 7843	ADDRESS Shad	ly Gro	7704	9-99 Driving	999
A 3.3.		ATHER'S NAM		179	1 1100	.5 0011			R'S MAIDE			A CETT	746 1	DT. T. 01	G
ATH PM PM		Floye		MIDDLE	ander	voort		FIR			WIDDLE	,		ight	
PAGE NS ORM	16a. V	VAS DECEASE	DEVER IN U.S. A	RMED FORCES?		AL SECURITY NO	D. 17	INFORM.			ADD	DRESS	the second	- 542 0	
AFTER GINE PA ITH FOR PAGES IVISION	(1)	ES, NO, OR UNKN	OWN) (IF YES, GIV	E WAR OR DATES)	513-	32-995	52 C	once	etta	Vand	dervoo	rt	same		
A NEW YORK	1	18. CAUSE O	DF DEATH (Enter of EATH WAS CAUS	nly one couse per lin									API 8ETW	PROXIMATE I	AND DEATH
Alikenda	/	919		ATE CAUSE (0) ML		injuries	compl	icatir	ng alc	oholism					
MARKET		Canditio	ons, if ony, which		R AS A CONS	EQUENCE OF							-		
EDESE E		gave r	ise to immediat	e / (b)								0.00			
NO NO		lying co	i) stoting the <u>under</u> use last.	(c)	RAS A CONS	EQUENCE OF						. Po			1
BE EXECUTED WEDICAL AS A BURE ALTH AND CREWATION	z	PART 2 OTHER S	IGNIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT RELATE	D TO THE TERMINAL	DISEASE DR	CDHOITIDH	GIVEN IN PAR	RT 1 a					
HOULD BE END "PENDIN HIEF MEDIC USED AS A OF HEALTH RIAL, CREW	CERTIFICATION	190 DATE O	FOPERATION	19b. COND	ITION FOR W	HICH OPERATION	ON WAS	PERFORM	AED?				20 A	UTOPSY?	
IFICATE SHOULD 3 THE WORD "PE TO THE CHIEF A HOULD BE USED, ARTMENT OF HE OR TO BURIAL,	FF												Y	res 🔯	NO 🗌
WO BE	GE R		AL CAUSE WAS	216. TIME C	F INJURY		It. HOW	'INJURY (OCCURRE	D (ENTER NATU	URE OF INJURY IN I	TEM 18 PART 1 OF	PART 2)		
RTIFICATI NG THE V O TO THI SHOULD PARTMEI RIOR TO	3	CONTRIBUT	G OR Prin			4 19 87	Subje	ect fe	11 fro	m tract	or and w	vas part	ly nas	sed ou	er hy
P. S. C. S.	MEDICAL	216 INJURY		STREET FAC	OF INJURY		II LOCAT	TION			ITY OR TOWN		COUNTY	mowe	
WRIT WARDE PAGE 3	5	WHILE AT WORK	NOT WHILE	X	farm			39-41/2	E. I-8		ltimore			P	1d
GAE, THI CATE, W FORWA OR: PAG ND, 213		22a I cert	rify that I took cho	rge of the remains de	scribed abave	e, held an	Autopsy	X.	Inspection		Inquiry .	and in my	opinion		1.0
MEDICAL EXAMINER: THIS SECUTE THE CERTIFICATE, WRIGE 4 SHOULD BE FORWARD FUNERAL DIRECTOR: PAGE TER DEATH, WITH THE STATE IT WORK, MARYLAND, 2120		deoth resul	ted from: Not	ural couses ,	Accident [X Suicide		- Hamici	de .	Undeterm	ined manner				
XAA EERT WITE ARY		A COUNTY	A	0	-			TITLE (SP	ECIFY)						
CAL EXA THE CER SHOULD SRAL DIR SATH, WI SRE, MAR		ACTUAL SIGNATURE	-	1	M	~	_ M.D.	Depu	ty Ch	inforce	LEXAMINER	DA ¹ SIG	NED 7-	5-87	
NEW SET		EXAMINER'S	NAME		//	_									
TO ME EXECUTE PAGE TO FU		(TYPE OR PR	INT)A		on, M.I						reet. I	Balto.	, MD	21201	
	23a.B	SPECIFY)	ATION, REMOVAL			ME OF CEMET				23d. LOCA	OWN	-	OUNTY	ATZ	
BP 665	74 5	UNERAL DIRE	ation	7/8/198	/ 1 Ca	rroll	Cre:	mato	Ory So DATE D	Hamp	stead	Car	roll	Mo	d.
DHMH - 17	TVT	NAME	den Kui	ADDRES TO	s nno++	arrill a	78/17	2 ,	So. DATE	131	1987 B	Wa Die	Way.	Charles	
(VR A15 ME (5))	Fi.	Glad	dell Mul	. 02 02	TIECC	sville	9 141	u. o							

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DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

)EP	ARTMEN	T OF	HEALTH	AND	MENTAL	HYGIEN
	C	FRT	FICATE	OF	DEATH	

-						ALO. IVO				
	PECEASED NAME FIRST (PE OR PRINT)	٨	MIDDLE	LAST		20. DATE OF DEATH MO		26 HOUR		
	Hansf	ord W. a	Tee) Var	ighan		7	24 8	37 /1/3 am		
1. S	EX	4. RACE	5. D	ATE OF BIRTH		6. AGE JIN YEARS LAST BIRTHD				
	Male	Whit	e	Aug 4,	1918 TEAR	68	YRS MONTHS DAY	S HOURS MIN.		
Ta.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8.	ADDIES DAIES	ER MARRIED	9 BALTIMORE CITY OR	OUNTY OF DEATH			
1	Virginia	USA		OWED X	DIVORCED	Baltimor	e County	MD.		
10.	CITY OR TOWN OF DEATH		HOSPITAL, NURSING HO		INSTITUTION	170. USUAL OCCUPATION		OF BUSINESS OR		
1	Ruxton	Manor	Care Ruxto	n		Sheet Metal				
	UAL RESIDENCE (IE NURSING HOME O		GIVE RESIDENCE BEFORE ADMIS		DE CITY LIMITS?	13e.STREET ADDRESS / Z	IP CODE	9949		
1	Virginia He	nrico	Richmond	YES 🗌	NO 🔀	3914 Oakle		5235		
ji.	FATHER'S NAME	MIDDLE	1464	15 MOTI	HER'S MAIDEN NA	ME				
1	Veola	WIDDLE	Vaughan		Leah	WIDDLE	Allen	LAST		
160	WAS DECEASED EVER IN U.S. A		166 SOCIAL SECURITY	NO. 17 INFO	RMANT	ADDRESS				
1		II	230-10-689	6 Mrs.	Dorcas	Thornton 2 So	mmerville	Ct. 21234		
1	18 CAUSE OF DEATH (Enter o	nly ane cause per	lige far (a), (b), and (c).)	1			APPR	OXMATE INTERVAL EN ONSET AND DEATH		
V	PART I. DEATH WAS CAUS	ED BY: / TE CAUSE (a)	Dreumour	a			5	dans		
1	110		R AS A CONSEQUENCE	OF # Am	_	.1 ^		1,1		
1	Conditions, if ony, which	(1b)	Hemipares	10 lost	1. 05/010	after	147	ecentar		
1	gove rise to immediate couse 101, stating the	0,2		0.5		- 14 /	2			
П	underlying couse last.	DOE 10, 0	Dialier Of	meek	itus.	usulm de	Bender	- 4urs		
1	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO DEATH	BUT NOT REL	ATED TO THE TERM	AIN AL DISEASE OR CONDIT	ION GIVEN IN PART	lia		
Z O										
78	90 DATE OF OPERATION	19b. COND	ITION FOR WHICH OPER	RATION WAS PE	RFORMED	200 AUTOPSY? 2	Ob. IF YES, WERE FINE	DINGS USED		
CERTIFICATION	nome		-			YES	RTIFYING CAUSES OF DEATH? YES NO NO			
8		21b. TIME O		YEAR 21c. HO	21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LORPART 2)					
1 A	OR CONTRIBUTING CAUSE OF DE	AIR	M.	19	no acc	rdent				
AEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY	21f. LOC	ATION	CITY OR TOWN	COUNTY	STATE		
2	AT WORK NOT WHILE	(AT HOME SI	CELL, PACTORY, OFFICE, EARM E		,,	7 210 CV	7			
	220.1 certify that (I) (this hear		e deceased from _ A	190510	8 19		19	_, that (I) (we) last		
1	saw the deceased olive or abave, (I) (we) (did) (did n	ot) view the body	ofter death	, and that in	(my) (pus) opinion	deoth occurred on the dote	and haur ond from t	he causes stated		
	276. SISTATURE	or view me budy	uner deoni.	DEGREE			22c. DA	TE SIGNED		
1	Marles 2	- Selly	evy Um		ATTENDING PHYSICIAN	MEDICAL STAFF	vD			
1	224 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADI		,	2 1			
	Charles E. El	licott M	.D.		1134	York Rd. Little	villeMo	21093		
230	BURIAL, CREMATION, REMOVAL			OF CEMETERY	OR CREMATORY	23d LOCATION	COUNTY	STATE		
	Burial	7/27	/87 Mour	ntain Vi	iew Cemet	ery Roanoke	Virginia	277 771 6		
	FUNERAL DIRECTOR		I	34	25q, DA]	E REC'D BY REGISTRAR 25	A 044 B			
	Leenard J. Ruck	Inc. 5	305 Harford	Balto.	Md.	P 0 1301	ulia Devider	Codallo		

		6					187
	Learning word		2000		- 17 - - 17 -		
	Janiford Carlo						
	figur matten			boomin)			akulr-17V
	the FILE						
Et la . 12	DATE OF	Thurston	Benedit .mil	me enter		TPW	
			APPE				

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR			CEKITI	FICATE OF DEATH	8 FEG. NO. 9 2 0 1			
		CEASED NAME FIRST MAR IA		P.	VELE	iast ZZ	July 19,		DAY YEAR	2b. HOUR
1	3. SE)	Female	4. RACE Whi	te	5. DATE O	DF BIRTH 2, DAY 1899 YEAR	6. AGE (IN YEARS LAST BE	YRS.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
A	(RTHPLACE (STATE OR FOREIGN COUNTRY) Cuba	Cab		MARRIE		Baltimore City of Baltimore	e Cou	OF DEATH unty	MD.
-)	TY OR TOWN OF DEATH Parkville	(*8708	Avonda'ie	Resslad		120 USUAL OCCUPAT {TYPE OF WORK FOR MOST Homemake	ON OF WORKING LIF	12b. KIND OF INDUSTRY Uwn H	BUSINESS OR lome
1	130 S		e or other institution DUNTY altimore	GIVE RESIDENCE BEFORE 13c. CHY OR TOW Parkvi		13d. INSIDE CITY LIMITS? YES NO K	13e STREET ADDRESS 8706 Avoi			234
(2	THER'S NAME FIRST Baltasar	MIDDLE	Perez		Maria	WIDDLE		Gomez	
	(1	VAS DECEASED EVER IN U.S. (25, NO OR UNKNOWN) NO 18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	, GIVE WAR OR DATES)	166 SOCIAL SECU 219-58-1	707	Dr. Baltasa	r Velez - s			ATE INTERVAL
		Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost. PART 2 OTHER SIGNIFIC AND ART 2 OTHER 2 O	(b)	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	INALDISEASE OR COM	NDITION GIV	/FN IN PART I I I	
-	CERTIFICATION	190 DATE OF OPERATION 196. CONDITION FOR W					200 AUTOPSY? YES NO	20b. IF YES	S, WERE FINDING FYING CAUSES O	
1000	10.511	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	FINJURY M. MONTH DA M.	YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 P	'ART 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	? If LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
		220.1 certify that (1) (this has sow 1) a deceased olive obove.		19	, 0	nd that in (my) (our) opinion			19, the	
		22d. PHYSICIAN'S NAME OF	ewa.	dis)	ATTENDING PHYSICIAN (220 ADDRESS	MEDICAL STA	FF CIAN []	22t. DATE SI	GNED
	23n B	Jose A. I	Hernandez	The second second	JAME OF (7600 Osler	Drive, Tow	son, l	Md. 2120	4
	(Burial	7-22	-87	Parkv	wood Cemetery	Parkvil:		Balto.,	Md.
		ok Towson Fund	eral Home	, Inc. To	wson,	rk Rd. 21204 25 JU	E RZ B BY SERVIRA	Autra,	RAR'S SIGNATUR	while

DHMH - 16 60M 7/B4 (VRA 15, 4)

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ATTENDING PHYSICIAN, The 10

1 -	FOR STATE REGISTRAR	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

87 19208

	REGISTRAR			CERTIFIC	ATE OF D	EATH	REG.	NO		
	5 On nouse	IRST	MIDDLE	LAST			20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	Will	iam	Frankl	in \	/ibra	ns	0	7	02 987	12:30
3. SE.		4. RACE		S. DATE OF E		WEAD	6. AGE TINYEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HPS
	Male	Cauca	sian	05	03	33	54	YRS	MONTHS DAYS.	HOURS MIN
7a. BI	RTHPLACE (STATE OR FORE		WHAT COUNTRY?	MARRIED D	NEVERM	ARRIED	9. BALTIMORE CITY	_		
	Colorado		SA	WIDOWED [DIV	ORCED	Balti	more	County	м
Ca	ity or town of death atonsville	2016	HOSPITAL, NURSIN THE FACILITY, GIVE STREET Drummon	d Road		TUTION	(TYPE OF WORK FOR MOS	TOF WORKING	LIFE) INDUSTRY	BUSINESSOI
130. 5	MD	Baltimore	13c, CITY OR TOW	ville's	[]	ио 💆	2016 Dr	s / zip co ummor	nd Road	2122
	Louis	MIDDLE	Vibran	S		MAIDEN NA. IRST 2	WIDDLE		Unkn	own
16a V	VAS DECEASED EVER IN 1 YES, NO OR UNKNOWN) YES	U.S. ARMED FORCES? EYES, GIVE WAR OR DATES) Korean	16b. SOCIAL SECU		INFORMAN			RESS	***	
	Yes .	Korean	543-32-	6796	Nanc	y Vib	rans :	Same		
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY:									APPROXIM BETWEEN OF	ATE INTERVAL
IMMEDIATE CAUSE (0) RESPONDENCE TO THE ST										
CERTIFICATION	PART 2 OTHER SIGNIFICATION DATE OF OPERATION	CANT CONDITIONS CO	ONTRIBUTING TO DETERMINE TO DESCRIPTION FOR WHICH	DEATH BUT NO			INAL DISEASE OR CO	206. IF Y	ES, WERE FINDING	GS USED
TIFIC							YES NO		TIFYING CAUSES O	NO
MEDICAL CE	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH HOUR A.	M. MONTH DA	AY YEAR	k. HOW INJ	URY OCCURE	RED (ENTER NATURE OF IN	JURY IN ITEM IS	PART I OR PART 2)	
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STR	OF INJURY BET, FACTORY, OFFICE, F	ARM, ETC)	f LOCATION STREET	V	CITY OR	NWOI	COUNTY	STATE
	220.1 certify that (1) (this saw the deleased a obave (1) (we) (did) 22b. San Al URE	s hospital attended the		8 /_ , and the		19_2/ our) opinion o	death occurred on the	date and ha	our and from the co	
	22d PHYSICIAN'S NAME	(IVE OF PRINT)	9 Kell	lly	AT PH	TENDING TYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN	171. DATE SI	22-87
122 5	Dr. Don	Steven			600	N.	Worke	YE	MA	070
(:	SPECIFY Cremation, REM	on 07-0	5-87 Se	curity	Pro	cess	Baltimo		COUNTY	МĎ
	ineral director acÑabb Fun	301 Fred eral Ho	erick R		21228 .le, 1	VII)	BY REGISTRA	R 25b. REGIS	TRAR'S SIGNATUR	Rondare

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as with the State Dept. of Health o O FUNERAL DIRECTOR

n and completely filled in by the funeral director. page 3 Pages 1 and 2 should be filed within 72 hours ofter death

30561 LS ----111 6 887 July William Street

STATE OF MARYLAND

WINDS IN THE TANK THE PARTY AS SECTION AS A SECTION OF THE PARTY ASSESSMENT v. Zauro Promit Pine the court along the same of th OSSIS .JO MUNIO SE W TOWN AND LAND CO. SINCE Joseph Land. State The little of the control of the con the comparison appeared the X. I seems to the fu And the state of t

STATE OF MARYLAND

8	TREG. N	40	9	2	
DATEO	FDEATH	MONTH	DAY:	YEAR	26. HO

Tiorden Pendas

n 2 JUL 27	FOR DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 7REG. NO 1 9 2 1 U
	1. DECEASED NAME FIRST MIDDLE LAST (1YPE OR PRINT)	20 DATE OF DEATH MONTH, DAY YEAR 26 HOUR
be of h	WILLIAM THOMAS WALTROP SR.	JULY 19 1987 9:30 A
poor poor	3. SEX 4. RACE 5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4	MALE WHITE MAY 14 191	
Poor Poor	78. BIRTHPLACE (STATE OR FOREIGN 78. CITIZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
Story Control	MD. U.S.A. WIDOWED ☐ DNORCED	BALTIMORE MD.
The full with th	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY
الم	PHOENIX 15 SEVEN SPRINGS COURT USUAL RESIDENCE (IF NUISING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	U.S. POSTAL WORKER U.S. GOV'T
Pag 3:5	13a STATE 13b STATE	13. STREET ADDRESS / ZIP CODE 15 SEVEN SPRINGS CT. 21131
2 sh	14 FATHER'S NAME FIRST MIDDLE LAST 15. MOTHER'S MAIDEN FIRST	N NAME MIDDLE LAST
(A)	WILLIAM G. WALTROP LYDI	A UNKNOWN
d co	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT	ADDR 88 FLANDERS RIDGE CT.
Poges medic	(YES, NOOR UNKNOWN) (IF YES, GIVE WAR OR DATES) 216-01-7636 WM. WALTR	OP, JR. (SON) COCKEYSVILLE MD 210
been drift or not	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE STAPH EMPHYEMA HEART FOR DATE OF OPERATION 190 DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OF	TOO AUTOPSY? 206 IF YES, WERE FINDINGS USED
hos hos	41	YES NO YES NO NO
ertificate iol-tronsit ntal Hygi	TOUR A.M. MUNIT DAY TEAK	CURRED (ENTER NATURE OF INJURY IN 11EM 18 PART 1 OR PART 2)
this con the day	21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION SIRET	CITY OR TOWN COUNTY STATE
os the	AT WORK AT WORK	74 to JULY 19 to 87 that Dwallast
DR A	270. certify that () (this hospital) attended the deceased from 19 sow therefore a sow the sow the sow the sow the sow the sow the sow therefore a sow the	nian death accurred on the date and hour and from the causes stated
ECTC ed fo ot. of	sow the deceased alimated the body ofter death. 19	22c DATE SIGNED
AL DIR detoche ote Dep	gely a welther M.D. ATTENDIN PHYSICIA	o leave our Manager
etoined by the TO FUNERAL should be det with the Stote	DR. JOHN NESDILL NESBITFIE 33r	rd & Calvert
6 5 8 4 4 4	236 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATO	DRY 23d LOCATION
BP	BÜRIAL 7/22/87 DULANEY VALLEY	BALTIMORE MD.
	24 FUNESCHTMUNEK FUNERAL HOME, INC.	DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

3331 Brehms Lane, Balto. Md. 21213

DHMH - 16 60M 7/B4 (VRA 15, 4)

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filled in by the funeral director page 3 auld be filed within 72 hours after death 72 hours ofter

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injury, ar ather traumatic event, the

18 show

IMPORTANT: If Item 21 is marked or Item

FOR

A7 STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH

YG	IENE 8 ZREG. NO	-	9	2		1
	July 16,	19	87	YEAR	26 HOL	JR .
	6 AGE (IN YEARS LAST BIRTH	DAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
	86	YRS	MONTHS	DAYS	HOURS	MIN.

126. KIND OF BUSINESS OR INDUSTRY

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

-	REGISTRAR			-			REG. N	10.	E-sq.	
	CEASED NAME	FIRST	MIDDLE		LAST		2a. DATE OF DEATH	MONTH D	AV YEAR	26 HOUR
(117)		larga	ret F	Wa	rd		July 16			The state of the s
3. SE	X	4. F	RACE	5. DATE	OF BIRTH		6 AGE (IN YEARS LAST BE		IF UNDER I YEAR	IF UNDER 24 HI
	F		W	JUL	V 3 DAY	1901	86	YRS	ONTHS DAYS	HOURS MI
	RTHPLACE (STATE OR FORE	EIGN 7b	CITIZEN OF WHAT C	OUNTRY? 8	ED NEVERA	AABBIED T	BALTIMORE CITY	OR COUNTY	OF DEATH	
IV	ARVIAN	12	11.54	WIDOW		ORCED	BALTIN	MAIZE	· C.6U	IYTV
10. C	TY OR TOWN OF DEATH	11.	NAME OF HOSPITA				120 USUAL OCCUPAT	ION	126. KIND OF	BUSINESS
CI	ATONSVIL	E	MERIL	GIVE STREET ADDRESS)	H.		SALES (SHERF	INDUSTRY	
USU	AL RESIDENCE IN MURSING	HOME OR OTH		ENCE BEFORE ADMISSION			A CYDEET ADDRESS	/ 710 CODE	24	229
/	MP T	BAL	TO GA	TOIYSVI	YES [NO S	465 NOI	RTH E	BEND	RD!
14. FA	ATHER'S NAME	MIDE	DIE	LAST	15 MOTHER'S	MAIDEN NAM	MIDDLE .		LAST	
	JOHN		KI	RAY	6	RAC	E	W	INKL	F
	WAS DECEASED EVER IN			CIAL SECURITY NO.	17 INFORMA	NT	ADDR	ESS 21	1401	-105
(YES NO OR UNKNOWN) (IF YES GIVE W	ARONDATES! 214	1-16:356	BERN	IADETT	E NEVIL	F. 36	HNG	LAN
_	IE CAUSE OF DEATH	Enter only o	ne couse per line for	a) (b) and (c)		1	A		APPROXIM	NATE INTERVAL
	PART L DEATH WAS	CAUSED B	Υ (ardior	estilo	tory	Arrest		BETWEEN	NSET AND DEAT
	""		DUE TO, OR AS A C	ONISE OF THE NOTE OF	9					
	Canditions, if any, w	hich (ONSECTOR						
	gave rise to immed	diate	16)							
		the S	DUE TO, OR AS A C	ONSEQUENCE OF						
			(c)							
7	PART 2 OTHER SIGNIF	ICANT CON	nditions <u>contribu</u>	ITING TO DEATH BU	T NOT RELATED	TO THE TERMI	NAL DISEASE OR COM	1DITION GIVE	N IN PART To	
O										
CAI	190 DATE OF OPERATIO	N	196 CONDITION FO	R WHICH OPERATE	ON WAS PERFO	RMED	200 AUTOPSY?		WERE FINDING	
TIFF							YES NO	YES		NO []
CERTIFICATION	210. ACCIDENT WAS UNDER	LYING	216 TIME OF INJUR		21c HOW IN	JURY OCCURRE	D (ENTER NATURE OF INJ	URY IN ITEM 18 PA	RT I ORPART 2)	
	OR CONTRIBUTING CAU			ONTH DAY YEAR	?					
MEDICAL	21d INJURY OCCURRED		P.M. 21e PLACE OF INJU	19 PY	211 LOCATIO	N.				
ME	WHILE NOT WHILE		(AT HOME STREET FACTO		STREET		CITY OR T	NWC	COUNTY	STATE
	AT WORK AT WORK			<u></u>						
	220 I certify that (1) Ith		attended the decea	D ~~7	- 15	, 19 83		16	9 7 , 11	ha (II)(we) I
	saw the deceased abave, (1) (we) (did	Vidid nati Vi	iew the body after de	ath. 19	and that in my	(aur) apinian d	eath accurred an the o	late and haur	and from the c	auses stated
	22h SIGNATURE	T.	1/14		DEGREE				22c. DATES	IGNED
	Alle	Klu	11 Celuta	1		TTENDING PHYSICIAN	MEDICAL STA		7/1	7/8/
	THE PHYSIC AN'S NAM	TYPE OR PR	INT) ///		27e ADDRES		1 01	-	11/1	1
	DATTO	61	111. 11		1990	trede	wide Rd.	Ral	Ut HI	217
23n	BURIAL, CREMATION, RE	MOVAL I	23b DATE	1234 NAME OF	CEMETERY OR	REMATORY	23d LOCATION	1 1-4	211,10	7 - 10
	in the manner of the NE.		www. errate	****	A THE PARTY OF THE	gramera and the contract of	1			

HOSPITAL

BP

TO FUNERAL DIRECTOR. After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, cri

DHMH - 16 60M 7/84 (VRA 15, 4)

23c NAME OF CEMETERY OR CREMATORY

COUNTY

RECD. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

the officer of the second of t

S	T	A	TE	OF	MAR	YLAND	

DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH

7	8 7 _{REG.1}	10.	9	2	1	2
٦	2a DATE OF DEATH	MONTH	DAY	YEAR	2b. HOL	IR:
	- 1	7	6	87	2.1	
	6. AGE (IN YEARS LAST B	R1HDAY)	IF UNI	DERIYEAR	IF UNDER	24 HF
			MONIH	5 DAYS	HOURS	MI

Alice Warner 5. DATE OF BIRTH 4 RACE 01 Female White

MIDDLE

7b. CITIZEN OF WHAT COUNTRY?

13 1904 MARRIED WEVER MARRIED WIDOWED

Baltimore County

BALTIMORE CITY OR COUNTY OF DEATH

176 KIND OF BUSINESS OR

Towson, MD.

Maryland

TO. BIRTHPLACE I STATE OF FOREIGN

10 CITY OR TOWN OF DEATH

Maryland

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Whitehall Baltimore

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13d INSIDE CITY LIMITS? NO X

FIRST

13e.STREET ADDRESS / ZIP CODE 2521 Meredith Road 15 MOTHER'S MAIDEN NAME MIDDLE

Homemaker

14 FATHER'S NAME

130. STATE

CERTIFICATION

MEDICAL

FOR STATE

TYPE OF PRINTS

3. 5EX

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Hygie

Mental H

4

should be deto with the State IMPORTANT: I

REGISTRAR I. DECEASED NAME

Jackson 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

FIRST

16b SOCIAL SECURITY NO

Vallev View Nursing Home

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Ida 17 INFORMANT

ADDRESS

Rich

No

LYES, NO OR LINKNOWN) LIF YES, GIVE WAR OR DATEST

215-54-0753

Shirley Schuster 2521 Meredith Rd. 21161

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Acute myocardial infarction IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which Advanced arteriosclerotic cardiovascular gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF disease underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED NO

IN CERTIFYING CAUSES OF DEATH?

21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE

AT WORK

190 DATE OF OPERATION

216 TIME OF INJURY HOUR A.M. MONTH DAY

21e PLACE OF INJURY

YEAR

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21f LOCATION COUNTY

22a. I certify that (I) (this hospital) attended the deceased from saw the deceased alive an above, (I) (we) (did) (did not) view the body after death

DEGREE

, and that in (my) (our) apinion death accurred on the date and hour and from the causes stated

226. SIGNATURE

ATTENDING

STAFF PHYSICIAN DIRECTOR PHYSICIAN 22c DAJE SIGNED

STATE

224 PHYSICIAN'S NAME (TYPE OF PRINT)

Burial

22e ADDRESS

2926 East Coldspring Lane

MEDICAL

Dr. Patricio 230. BURIAL, CREMATION, REMOVAL

23b. DATE 7/9/1987 23¢ NAME OF CEMETERY OR CREMATORY Woodlawn Cemetary

Baltimore, MAryland

24 FUNERAL DIRECTOR

I SPECIEY)

AT WORK

Burgee-Henss Funeral Home 3631 Falls Road

ISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84

(VRA 15, 4)

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

101 9 SET Junior Butter Butter

TON ST., BALTIMORE, MARYLAND 21201	oth certification by executed within 24 hours after death. Page 4 may be	anding trying and dampleter tilling in by the funeral director, page 3 corbot pages. The corbot pages is and a second tilled with \$72 hours often death a, or removal	motic every little market and a comment of the comm
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed entire 24 hours after death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending proposal and amplicate thing in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon page it made and a should be detached for use as the buriol-transit permit. Then please remove carbon page it made and a made with a flee with an Americal section of the prior to buriol, cremation, or remove	IMPORTANT: If Item 21 is marked or Item 18 shaws ony injury, or ather traumotic every illustrations are necessary to harmly defined

06-1512 AUG -

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	1	(3	- 63
/		1	6
REG NO			(Siving)

87 REGISTRAR		CERTIF	CATE OF DEATH	REG. NO	, 1 7	line	1 3
I. DECEASED NAME FIRST	WIDDLE	L	AST		MONTH DAY	YE AR	2b. HOUR
(TYPE OR PRINT) A NA	IA M.	WA	TROBA	Jul	ly 29.	1987	9:30P M
3. SEX	4 RACE	5. DATE O	I DIKITY	6 AGE (IN YEARS LAST BIRTI		DER TYEAR	IF UNDER 24 HRS
Female	Cauc.	MONTH 5	13 1917	70	YRS	15 DAYS	HOURS MIN.
76. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8	NEVER MARRIED	9. BALTIMORE CITY OF		DEATH	
Maryland	U.S.A	WIDOWE		Baltimore,	County		MD.
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		ROTHER INSTITUTION	12a USUAL OCCUPATIO	ON 1:	2b. KIND OF NDUSTRY	BUSINESS OR
Rosedale	Franklin Aqua		pital	Retired			Shoe Co
USUAL RESIDENCE (IF NURSING HOME O 130. STATE 13b. COU	ROTHER INSTITUTION GIVE RESIDENCE BEI	NWC	13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS / 1226 Delber	ZIP CODE	ue 212	224
M. FATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE		LAST	
Stanley		ewicz	Victoria	Model			kowski
160 WAS DECEASED EVER IN U.S. AL	RMED FORCES? 160 SOCIAL SE	CURITY NO.	17. INFORMANT	ADDRE	SS		21220
No	214-14-	-2922	Mark Watroba	- 128 E. K	ingston	Park	Lane
18 CAUSE OF DEATH (Enter o	nly one couse pardine for (a) (b)	ondishin	n cancinoma w	ith motacta	cic	BETWEEN OF	ATE INTERVAL
PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	(c)CONDITIONS CONTRIBUTING 1			200 AUTOPSY?	20b IF YES, WE	RE FINDING	
ATT.				YES NO	YES [NO []
OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCURR	ED {ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)	
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC)	211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
saw the deceased alive a	on view the body ofter death.	25, on	d that in (my) four) opinion d	MEDICAL STAF	F	0	
226 PHYSICIAN'S NAME (TYPE	OR PRINT) GRENE	MI ANDE	PHYSICIAN D	Fran 60ù	A SCI	rare	hostivii
230 BURIAL, CREMATION, REMOVA	23b. DATE 2	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	1		To the
(SPECIFY) Burial	8-1-87			CITY OR TOWN		UNTY	STATE
24 FUNERAL DIRECTOR	- 1005 Dundalk	s	nuu	REC'D. BY REGISTRAR	251. REGIATRAR	s sign and	Real b

DHMH - 16 60M 7/84

(VRA 15, 4)

BP.

A.C. מוד בווי Franklin Aquare despital toured thesp. Enge Co. STEPS Balsimore x 1220 Deibert Avenue 21226 OHER VIEW Doblacker Social Zoloza J. Jan. J. Disir 714-10-2422 678 m. room - 12 2. h. mesten Park and 18 10 11500 131116 S-1-E

valler parrors - 100 Dunta Lave de 21220

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moy be

executed within 24 hours after death. Page 4

STATE OF MARYLAND

1	- STATE		OF HEALTH AND MENTAL HYG	IENE	
3 0	REGISTRAR	CER	RTIFICATE OF DEATH	neg. No.	10-11
	CEASED NAME FIRST	MIDDLE	LAST		ONTH DAY YEAR 26 HOUR S
(TYP	ORMINI) NORMI	9 E. W	ATTS	JUL49.	1987 1246 M.
1,58	X		ATE OF BIRTH	6. AGE (IN YEARS LAST BIRTIS	
F:	MALL	WHITE S	10 19 19 19 A	64	YRS. HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN 7	b. CITIZEN OF WHAT COUNTRY?	RRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
	ARYLAND		OWED DIVORCED	BALTIM	ORE LOUNTY MD.
10. C		1. NAME OF HOSPITAL, NURSING HOL		12a USUAL OCCUPATIO	
1	monium	104 GORSUCH	ROAD	PRZ-ADM	In. JOHn'S HOPKI
U5U	AL RESIDENCE (IF NURSING HOME OF C	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS TY 13c. CITY OR TOWN	IN 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	21092
	ARYLAND BALT	more Timenium	YES NO	104 GOR	
14. F	ATHER'S NAME	IDDLE LAST	15 MOTHER'S MAIDEN NAM	ME	LAST
	Kowhano	WATTS	NORMA	1/:	A WATTS
	WAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE	NED FORCES? 166 SOCIAL SECURITY N	O. IT INFORMANT	ADDRES	
4	U.W		4 FAMILY	RECORDS	
	18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	ane cause per line far (a), (b), and (c)	2		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE	A CONTRACTOR	ic Breast Cau	ncer	3 mon,
	- 12 T T T T T T T T T T T T T T T T T T	DUE TO, OR AS A CONSEQUENCE O	OF.		
	Canditions, if any, which	(lb)			
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE O	OF		
	underlying couse last.	(e)			
~	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVEN IN PART Ita
CERTIFICATION					
ICA	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	ATION WAS PERFORMED		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
RTIF				YES NO	YES NO
G	218 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEAT.	HOUR A.M. MONTH DAY Y	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART T OR PART 2)
CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC	211 LOCATION STREET	CITY OR TOW	N COUNTY STATE
-	AT WORK NOT WHILE AT WORK			0	
9	220 I certify tho (1) this haspita	-0 0 00	10y 4 19 87	toTulk	19 7, that (11 (ve) last
	sow the deceased alive on above.	ew the body ofter death.	_, on hat i (my) our) apinian o	death occurred an the date	and haur and fram the causes stated
	22b. SIGNA URE	Valland -	DEGREE	MEDIC STATE	220 DATE SIGNED
	Cuarle	es Kullett V	PHYSICIAN T	MEDICAL STAFF	LALI DIMACIO DAN
-	22d. PHYSICIAN'S NAME (TYPE OR	BRING ON THE STATE OF	72e ADDRESS		
	Charles	tadastt, Mis	2.5601 Loc	H RAVEN	BLVO.
	BURIAL, CREMATION, REMOVAL	236. DATE 236 NAME	OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY CO STATE
13	URIAL	7-13-1987 LOUI	DON TARK	11)	VRZ MARYLAN
24 F	UNERAL DIRECTOR	ADDRESS 23 25	ROAD 250 DATE	E REC'D. BY REGISTRAR 2	REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicigal and a substance of the busing transity permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MINISTERAL: If Nem 21 is marked of Nem 18 shows any injury, or other traumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the haspital or attending physician.

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p od o	4 17 14	3. SE	Х	V - 1	4 RACE		5. DATE C	OF BIRTH
ter death. Page 4 mc he funeral director. p within 72 hours after			Male		Whi	te	Auc	DAYY
Pog dire	ei ei		RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	
death.	3		Md.		11	S.A.	MARRIE	
a for de	P	10 C	ITY OR TOWN OF DEA	TH	11. NAME OF H	OSPITAL, NURSING	G HOME C	R OTHER INSTITUT
- 0	5	111	Baltimor	е	Fran	klin Squ	lare	Hospita
2120 2120 hours do in by	Sales be		AL RESIDENCE (IF NURSI	NG HOME OR		GIVE RESIDENCE BEFORE		1 13d. INSIDE CITY LI
AND 2 AND 2 1, 24 ha filled rould b		-	Md.		timore	Baltin		YES NO
YLA rehin	in e	14. FA	THER'S NAME		W-11-1			15. MOTHER'S MAI
E, MARYLA uted within completely	030		JOHN		W.	WEBE	R	FIRST
cute	loo	16a V	VAS DECEASED EVER	IN U.S. AR	11.0	166 SOCIAL SECUE		17. INFORMANT
ricate be exect physician and company of the physician and company of the physician and company.	the medic	- (YES NO OR UNKNOWN)	I IF YES, GIV	E WAR OR DATES)	020 01	5612	Gerald
i, 201 W. PRESTC	to burial, cremation, orremoval injury, ar other traumatic event, t	N	Conditions, if ony, gove rise to imm couse (a), status underlying couse PART 2. OTHER SIGN	nediate g the lost.	(b) DUE TO, OF	as a conseque Carcinoma	scula NCE OF Of F	nr Accider Pancreas w
TAL RECORI	ony	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH (OPERATIO	N WAS PERFORMED
SION OF VITAL PHYSICIAN: The ending physicion this certificate he buriol-tronsit p	21 is marked or Item 18 shaws		210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEA		M. MONTH DA	Y YEAR	21c HOW INJURY
DIVISION O	morked or h	MEDICAL	216 INJURY OCCURR WHILE NOT WH AT WORK AT WORK	ILE	21e PLACE ((AT HOME, STR	DE INJURY EET, FACTORY, OFFICE, FA	RM, ETC)	214 LOCATION STREET
TTENDI pital or TOR: A			22a I certify that (ly saw the decease above v1) (we) (d	d olive on	July 3	19		28 19 nd that in (my (our)
Al Di deroch	ANT: If Hem	N.	226 SIGNATURE	7 1	1, 7	arr	yii.	DEGREE ATTEN PHYS
	MPORTANT:		Zabihol		ahiji,	M.D.		9000 Fran
5 P 5 P 5 P 5 P 5 P 5 P 5 P 5 P 5 P 5 P	3 ≥	23n F	LIPIAL CPEMATION I	DEMOVAL	22h DATE	1 22. NI	AMEOEC	EMETERY OR CREA

16, per F.H. 7/10/87 kam

FIRST

Monard

1 - STATE

REGISTRAR

LIDECEASED NAME

STATE OF MARYLAND CERTIFICATE OF DEATH 20. DATE OF DEATH MONTH WEBER July 3, 1987 2:50 pu IF UNDER 1 YEAR 05 81 9. BALTIMORE CITY OR COUNTY OF DEATH IED -Baltimore County ED ON 126. USUAL OCCUPATION
(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Broker Ins Self-Employed Real Estate 13e STREET ADDRESS / ZIP CODE 9403 Dawnvale Rd. 21236 DEN NAME MENARD AN. O.M. ADDRESS ine Rolfes (dghtr) same address nt and Brain Hemorrhade with Obstructive Jaundice HE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOXX YES | OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2 COUNTY CITY OR TOWN STATE opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED MEDICAL STAFF
DIRECTOR PHYSICIAN 7--3--37

nklin Square Drive Balto., MD 21237

BALTIMORE

MD.

(SPECIFY) BURIAL 7/7/87 GARDENS OF FAITH

24 FUNERAL HOME, INC. 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE Deviden Randall 9705 Belair Rd., Balto. Md. 21236

BP_

alent The town the same

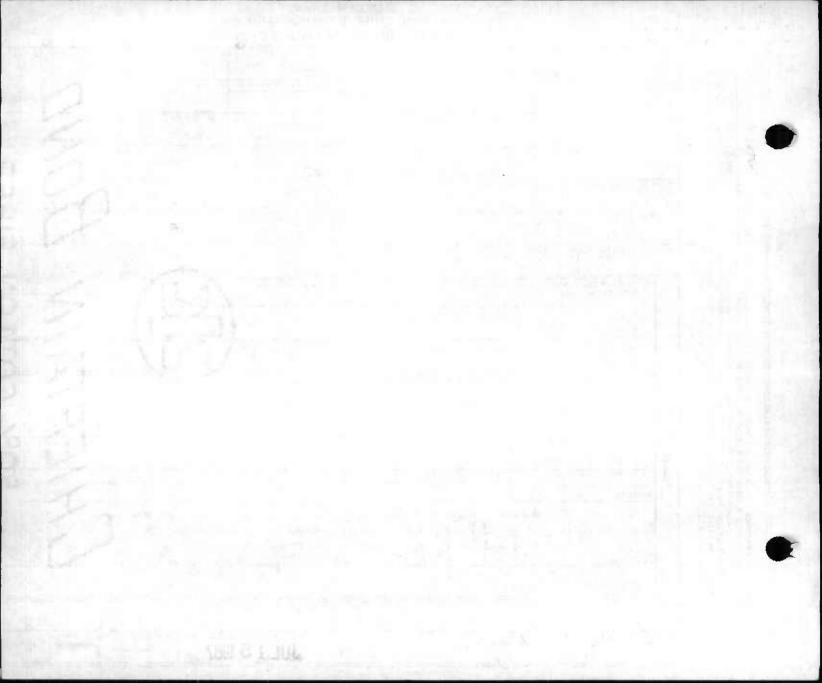
07/84 25M

DHMH - 17 (VR A15 ME (5)

DIRECTOR.
RILES.
HOURS

STATE OF MARYLAND

		OR			30	DEPART	MENT OF HE	ALTH A	AND M	ENTAL H	YGIENE	E					
L		STATE REGISTRAR			ME	DICALI	EXAMINE	R'S CE	RTIF	CATEO	FDEA	ТН	REG N	0.9	9	1 6)
		EASED NAM	AE .	FIRST		MIDDLE	(nee	Abb	ott)		2	DATE	KNOWN	HTMOM	DAY	YEAR	26 HOUR
	(ITPE	OK PRINT)		Virgin	ia	1.			bste	r	153	OF DEATH	MATED [7	10	1987	M
	3. SEX		4 RACE	S. DA	TE OF BIRTH		6 AGE (IN YEARS	IF UND	ER 1 YR.	IF UNDER		c. DATE		MONTH	DAY	YEAR	2d HOUR
	Fe	male	Whi	te Ja		1916	71 YRS.	MONTHS	DAYS	Hours	MIN P	PRONOUN DE AD	CED	7	10	187	3:20
-		RTHPLACE			TIZEN OF WI			AA A DD IEI	X) AIG	EVER MARRI	ED	9 BALTIM	ORE CITY O	OR COUN			TP M
5		reign country			USA			VIDOWE	-	DIVORCE		Ba1	timor	e Co	untv	,	MD
7	-	Y OR TOWN			AME OF HOS		SING HOME, C	OR OTHER	RINSTITU	NOITU	12a USU	AL OCCUP	ATION (TYP		12b KI	ND OF BU	SINESS
4	1	Baldwi	n	(IF	13802		Devonf	ield	Dr.	2		nema				RINDUSTR	CY
100	UA	LRESIDENCE				IVE RESIDENCE	BEFORE ADMISSION									0 12	110
5	Ma ST	ryland		Baltimo	re		dwin	1	YES	NO 🔀		3802		evon	field	1 Dr	13
-	_	THER'S NAM					Cattlin	1		IER'S MAIDE				CVOII			
1		William	1	E.	E		bott	. 1		I sabel	lle	M	DDLE			Stout	
~	16a. W	AS DECEAS	ED EVER IN	U.S. ARMED FO			IAL SECURITY N	10. 1	7. INFOR				ADDRESS	S		tout	
		5, NO, OR UNKN	OWN) (IF	YES, GIVE WAR OR	DATES)	215	-10-391	9	W.	Gordo	on We	ehste	r 13	802 F	= [evor	nfield
			OF DEATH (Enter only one	rouse per line			-		2101			1, 13	002 1	T A	PPROXIMATE	INTERVAL
13			FATILIANO	CALIFORN DIE			cleroti					iseas	30		BETY	WEEN ONSET	AND DEATH
200			IA	AMEDIATE CAL			SEQUENCE OF	0 00	1010	vabou.	IUI U	10001	,				
	- 1		ons, if any		4.												
	8.1	couse (rise to im o) stating th		DUE TO, OR	AS A CON	SEQUENCE OF			-							
		lying co	use last.	1	(e)												
		PART 2 OTHER	SIGNIFICANT CO	HDITIONS CONTRIB	UTING TO DEATH	BUT NOT RELA	TED TO THE TERMINA	A DISEASE C	OR CONDITIO	ON GIVEN IN PAR	RT 1 a						
	NO			11-11-1													
T	ATIC	19a DATE C	F OPERATION	NC	196 CONDI	TION FOR	WHICH OPERAT	ION WA	S PERFO	RMED?					20 /	AUTOPSY?	
1	IFIC				0.5											YES 🔯	NO
-	CERTIFICATION	21a EXTERN		WAS	21b. TIME OF		DAY VEAD	21c. HOV	W INJUR	Y OCCURRE	D (ENTERN	ATURE OF INJ	URY IN ITEM 18	PART I OR PA		71	13.1
2	ALC	UNDERLYIN	ING CA	USE OF DEATH		A. MONTH	DAY YEAR										
)	WEDICAL	21d INJURY			21e PLACE		(AT HOME.	211 LOC	ATION							750	
	×	WHILE AT WORK	NOT WI		SIREET, PAC	TORY, FARM, E)	SIR	(EE)			CITY OR TOV	VN.	CC	YIMUC		STATE
		220 1	17	Ochors of th	a compine do	Name of Street	and a second	Autopsy	X	Inspection		Inquiry		nd in my o	2		
		deoth resu		Nutural cau	REI	Academt	D. Suicio		Ham			rmined ma		id iii iiiy o	pinon		
		deoth resu	ned from:	Tallian of Cau	Ses es	ACCIONIN	301616	de L.,		SPECIFY)	Undere	rmined mo	inner,				
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K		SIGNATURE		0		11		771.0	. 1100		- MEDI	CALEXAM	IIVER	SIGN	EV	,	
1		EXAMINER'S		Charle	s P. K	lokes,	M.D.	A	DDRESS_	111	Penn	St.	Balt	COMD			
1	23a.Bl	JRIAL, CREM.		OVAL 236 DA	TE	23c.	IAME OF CEME			ORY	23d LO	CATION			INTY		ATE
	(5)	BI BI	urial	3/1	4/87	St	. John'	s Ce	em.		Pho	penix		Balto		Mc	
	24 FL	MAN AND	teh	(Va	elfone					250. DATE R			R 256 REG				
)		Bryan	W. (Clary,	10/W.	Pado	nia Rd.	, 21	093	JULJ	1.5 19	187		n Antonioù de	1		
					A A												



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FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND N

ENT	OF	HEALTH	AND	MENTAL	HYGIENE	
CEI	RTI	FICATE	OF	DEATH		8

-1	1	G	*)	1	
REG. NO.		1	Con.		
REG. NO.				,	

	CEASED NAME FIRST	MID	DLE	EAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(TYPE	Roy	Le	e Wee	eks	July 12. 1	1987 9:00 P
3 SE		4. RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
	Male	Caucas	MOM	TH DAY TEAR	85 YR	MONTHS DAYS HOURS MIN.
7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WI	HAT COUNTRY? 8		9 BALTIMORE CITY OR COU	
V	irginia	U.S.	A. WIDOV		Baltimon	re County MD.
W	hite Hall	1514 W	hite Hall	Road	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN FATMET	126 KIND OF BUSINESS OR INDUSTRY Farming
13a. S	al RESIDENCE (IF NURSING HOME STATE 13b. CC aryland Ba		ve residence before admission de. City or town White Hal	1) 13d. Inside city limits? L yes \to NO \tilde{\text{L}}	13. STREET ADDRESS / ZIP CO 1514 White	Hall Road
14 FA	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	AME	
	General	Fort	Weeks	Matilda	WIDDLE	Lester
	VAS DECEASED EVER IN U.S.		SOCIAL SECURITY NO	17 INFORMANT	ADDRESS	
1	YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES	46-18-193	2 Eula J. We	eeks same	as above
	18 CAUSE OF DEATH (Enter	only one cause per lu	reforms (b) and in i			APPROXIMATE INTERVAL BET WEEN ONSET AND DEATH
	PART I. DEATH WAS CAU	SED BY	RESPITATO	cu Ampst		BET WEEN ONSET AND DEATH
	IMMED	IATE CAUSE (0)	10 spriare) /1/20/		
		DUE TO, OR	S A CONSEQUENCE OF	of turn		2 days
	Conditions, if any, which gave rise to immediate	(b)	espiratory	taille	·	7-
	cause (a), stating the underlying cause last	DUE TO, OR	S A CONSEQUENCE OF	0	1	141.
		((c) <u>//</u>	letastatic	Prostatic	Corcinorna	
NO	Adomina	l Aorna	1	JT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART 110
CERTIFICATION	19a. DATE OF OPERATION	196 CONDITE	ON FOR WHICH OPERAT	ON WAS PERFORMED		YES, WERE FINDINGS USED
Ĕ					YES IN NOT IN CE	RTIFYING CAUSES OF DEATH?
1 2	210. ACCIDENT WAS UNDERLYING	21b. TIME OF		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	
	OR CONTRIBUTING _ CAUSE OF	DEATH	MONTH DAY YEA	R		
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM)	P.M. 21e. PLACE OF	IN ILIRY	211 LOCATION		
W.	WHILE A NOT WHILE		T, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
	AT WORK AT WORK	enited) estandad ala	Jan	7/3 10 05	5 . 7/12	19 87 that (I) (well ast
	220. I certify that (1) (this ho saw the deceased alive	-//		and that in Tmy Tour I apinian	deoth accurred an the date and	
	abave (1) (we) (du) (du)		ter death.		- deom accorred an the date and	
	278. SIGNATURE		7	DEGREE . ATTENDING	MEDICAL STAFF	221. DATE SIGNED
	The state of	75/3		PHYSICIAN		7/14/87
	Kieren P.	Knapp !	0.0.	101 S. Bro	ad ST, New 7	reedom, Pa.
	BURIAL, CREMATION, REMOV	AL 23b. DATE	23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION	
	Crematio	n 7/15,	n Hampstead	Carrolla Md.		

DHMH - 16 60M 7/84

BP.

Hem 18 shows any injury, ar other traummit.

IMPORTANT: If them 21 is marked &

(VRA 15, 4)

Cremation 24 FUNERAL DIRECTOR Gladden Kurtz III Jarrettsville

STATE OF MARYLAND

Caroline M. Weiskittel 3. SEX Female 70. BIRTHPLACE (STATE OR FOREIGN MARY) Maryland USA 10. CITY OR TOWN OF DEATH ROSedale 70. CITY OR TOWN OF DEATH ROSE OF MOST OF WORLD OF WORK FOR MOST OF WORLD OF WORLD OF WORLD OF WORK FOR MOST OF WORLD OF WORK FOR MOST OF WORLD OF WORK FOR MOST OF WORLD OF WORLD OF WORLD OF WORK FOR MOST OF WORLD OF WORLD OF WORK FOR MOST OF WORLD OF WORK FOR MOST OF WORLD OF	NO.	9	6-		3							
(TYPE OR PRINT)						2a. DATE	OF DEATH	MONTH 7-	25-	YEAR - 1987	26 HO	UR OTT
		5.			Ol		IN YEARS LAST	BIRTHDAY)	MONTH	DER I YEAR	IF UNDE	R 24 HRS
COUNTRY								- T				M
	(IF NOT IN SUC	H FACILITY, GIVE STREET AND	RESS)							kindo idustry Home		
ISUAL RESIDENCE (IF NUR 130 STATE Maryland	SING HOME OR OTHER INSTITUTION 136 COUNTY Baltimore	136 CITY OR TOWN		13d INSIDE	CITY LIMITS?	130 STREE	T ADDRES	s / ZIP CO se Land	DE A V	enue	212	237
14 FATHER'S NAME Henry	John The	odore Pepe		15 MOTHER	Johanna		Sol	hia		Die	tzel	1
160 WAS DECEASED EVER	R IN U.S. ARMED FORCES?	166 SOCIAL SECURIT	YNO.	17 INFORM	ANT		ADD	RESS		2	123	7

ES 100 UNKNOWN)	(IF YES, GIVE WAR OR DATES)	215-42-7463	Louis A. Weiskittel, Sr. 7902	Roseland Av
	IMMEDIATE CAUSE (0)	Coronem art	Atherosclema,	APPROXIMATE INTERVAL BETWEEN ONSET AND DE
Conditions, if ony, gove rise to imm couse 101, statin underlying couse	which (b)	IR AS A CONSEQUENCE OF	V Alkerosclesson,	Minute.

CERTIFICATION 190 DATE OF OPERATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 21d INJURY OCCURRED 211 LOCATION le PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM ETC.)

22a I certify that (1) (this haspital)_attended the deceased from sow the deceased alive on.

22b. SIGNATURE DEGREE 22c. DATE SIGNED

3029 Dundalk Avenue Balto., Md. Golpira (284-3322

23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL CITY OR TO Baltimore; Marylandiate Moreland Memorial

Burial 7-30-87 24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

PORTANT

(VRA 15, 4)

059470 JUL

filled in by the funeral director, page 3 fulled be filed within 72 hours after death

24 house offer death. Page

STATE OF MARYLAND

POR 1, - STATE REGISTRAR		DEPARTA		IEALTH AND MENTAL HYG	SIENE 8	PREG. NO		9 2	2 1	9
I. DECEASED NAME FIRST		WIDDLE		IAST	2a DATE	OF DEATH	MONTH D	AY YE	AR 2b	HOUR
JAC	OB		WE	ISSMAN	- 73	JULY 5,	1987		10	0:35P
3. SEX	ACODENT WAS UNDERLYING OR OF ACCIDENT WAS UNDERLYING ON THE LETTER NOT WHITE O			OF BIRTH		IN YEARS LAST BIRTI	HDAY)	FUNDER I		UNDER 24 HRS
MALE	CAUCA	SIAN	JAN.			92	YRS	UNIHS	ATS HU	IORS MIN.
70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MAPPIE	NEVER MARRIED	9 BALTIA	MORE CITY OF	COUNTY	OF DEAT	Н	
POLAND		U.S.A.	WIDOWE	DIVORCED	B.	ALTIMOR	RE COU	NTY		M
O CITY OR TOWN OF DEATH PIKESVILLE	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)		(TYPE OF W	AL OCCUPATION OF FOR MOST OF CUTIVE		INDUS	STRY	JSINESS OF ATION
MARYLAND 136 CO	UNTY	13c. CITY OR TOW	N	-845-	861	T ADDRESS / 1 WOODS		RD.	211	33
14. FATHER'S NAME EIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WE	WIDDLE			LAST	
PHILIP	WEI			SARAH			UNKN			
		166 SOCIAL SECU		17. INFORMANT		RANDACT				
NO	131-26-			SAMUEL WEISS	SMAN	8611 WOODSPRING RD. WXXX				
PART 2 OTHER SIGNIFICAN	(b)	R AS A CONSEQUE	ENCE OF	pt, came		SE OR COND	OITION GIVE	N IN PAI	RIC	
10 FAFR		- // -	5 2-	y mycu	oren	72	15	sen	21.	
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDI	ITION FOR WHICH	OPERATIO	IN WAS PERFORMED	YES [JTOPSY?	206. IF YES, YN CERTIFY YES	ING CAL	USES OF	
	DEATH HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER	NATURE OF INJUR	Y IN ITEM 18 PA	RT I OR PAR	(T 2)	
OR CONTRIBUTING CAUSE OF (IE EITHER, NOTIFY MEDICAL EXAM) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	LAY HOME STREET FACTORY OFFICE FARM STC.) STREET CITY OR TOWN COUNTY								IY	STATE
220. I certify the this ho	00 7-5	19 0	9-	nd that in my) (bur) opinion of DEGREE ATTENDING PHYSICIAN 2	MEDIC	STAFI			2, then the coust	
Edwar	1			8620	CI	N	4911	Ro	welst	lylor
230 BURIAL, CREMATION, REMOV	AL 236. DATE		- 1	EMETERY OR CREMATORY		CATION CITY OR TOWN		RAL	2// TO M	D STATE

BP.

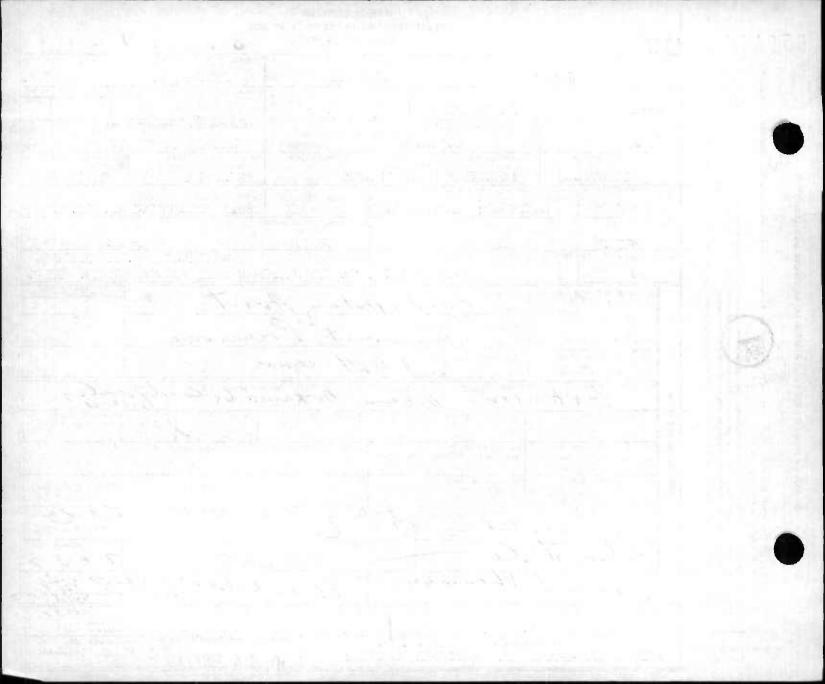
retained by the haspital ar

should be detached for use as the burial-transit permit. Then pleat with the State Dept. of Health and Mental Hygiene priar to burial TO FUNERAL DIRECTOR. After this certificate has been signe

IMPORTANT: If Hem 21 is marked or In

DHMH - 16 60M 7/84 (VRA 15, 4)

230 DATE REC'D BY REGISTRAR'S REGISTRAR'S SIGNATURE
A 4 1007 Julia Davidur London BURIAL 1//8/8/ | BETHEL MEMO 74 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTIMORE, MD 21215



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Po	* EGISTRAR			C2.11.11		DEMINI		RE	G. NO			
	ECEASED NAME FIRST EC	lward "	DDILawrenc	е, "	AST Weke	enman	20 D	ATE OF DEA	TH MONTH	DAY	YEAR	26 HOUR
	Edward	L	W	e Ken	man			7/23	187			6 25 M
3.5		4. RACE		S. DATE C			6 AC	GE (IN YEARS LA	ST BIRTHDAY)	IF UNDER		IF UNDER 2. HRS
	Male	White		Jul	y 16,	189 1			96 _v	RS MONTHS	DAYS	HOURS MIN.
7a. E	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V	VHAT COUNTRY?	8 MARRIEI	NEVE	R MARRIED	9 BA	ALTIMORE CI	TY OR COL	JNTY OF DE	ATH	
Ba	alto., Maryland	U.S.	A.	WIDOWE		DIVORCED [Balt	Timor	re C	oun	Ity MD.
10 0	TOWSON Md	11. NAME OF H	OSPITAL, NURSING I FACILITY, GIVE STREET A A MATIS	HOME CONTROL HOSP:		21093	(TYPE	USUAL OCCL E OF WORK FOR M 12 TM2C	OST OF WORK	ING LIFE) IND	KIND O USTRY	Retired
13a	JAL RESIDENCE (IF NURSING HOME OR STATE 13b COUN Maryland		Balting	1	YES 💢	CITY LIMITS?	? 13e.S Fi	treet addr	ESS / ZIP (CODE		
JA. F	FATHER'S NAME	MIDDLE	LAST			R'S MAIDEN		MIDI	DIE		LAST	
V	John		Wekenman		Jo	sephin	10	1110		Den	ges	
160	WAS DECEASED EVER IN U.S. AR		166. SOCIAL SECUR	HTY NO.	17. INFOR	TMAN		Α	DDRESS	****	2	1218
1	YES HOOR UNKNOWN) (IF YES, GIV	WAR OR DATES)	16-16-34	62	Mrs.l	Marie 1	W.Si	ems -	3900	N.Chan	rles	St
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Acute Stoke DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (b) Advanced Arteriorscleratic Cardiolascular											
	gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	((c)	AS A CONSEQUER Phewi	NCEOF	ia							
CERTIFICATION	19a DATE OF OPERATION	196 CONDIT	ION FOR WHICH (OPERATIO	N WAS PER	FORMED		a AUTOPSY?	IN C	IF YES, WERE ERTIFYING O		
1.75	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER		A. MONTH DA	Y YEAR	21c. HOW	INJURY OCC	URRED (ENTER NATURE O	F INJURY IN ITE	M 1B PART I OR	PART 2)	
MEDICAL	21d. IN JURY OCCURRED NOT WHILE AT WORK	21e PLACE C	OF INJURY ET FACTORY, OFFICE FA	RM, ETC)	211 LOCA STR			CITY	ORTOWN	COL	YIMU	STATE
	22a.1 certify that (1) (this hospi saw the deceased olive on abave, (1) (we) (did) (did na	7/23	19	87, an		, 1/	an death	accurred an I	he date and		om the	
	22b. SIGNATURE				DEGREE	ATTENDING PHYSICIAN		DICAL ECTOR P	STAFF HYSICIAN [DATE	23 & 7
L	Eddie Nak				Pulc		Jalle	y Rd	· To	wsin	Ma	l.
23a	BURIAL, CREMATION, REMOVAL Burial	July 27				R CREMATOR		LOCATION CITY OF TOV	WN	City	MA	-21206
24.5	ELINIEDAL DIDECTOR	1 mrs -1	2 - 20 II	013 1	raneal			2 st sector			Mar.	-21200

Henry Sander & Sons, Inc., Balto., Md.-21213

DHMH = 16 60M 7/84 (VRA 15, 4)

MPORTANT. II II

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TO STATE OF THE PARTY OF THE PA

MPORTANT: If Hem 21 is marked or Hem 18 shows ony

STATE OF MARYLAND -

DEPARTME	NT OF	HEALTH	AND	MENTAL	HYGIENE
	CEDT	EIC ATE	OF	DEATH	

FOR 29 87 ATE LEGISTRAR	DEPA	RTMENT OF H	REG. NO. 1 9 2 2				
1. DECEASED NAME FIRST	MIDDLE	l	AST	20 DATE OF DEATH MONTH			
George		Wel	tz	July 24 19	87 5:00		
3. SEX	4. RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24		
Male	White	MONTH		77	MONTHS DAYS HOURS		
To BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8	ly 17 1916	9 BALTIMORE CITY OR COUN			
Maryland	USA	MARRIE	D NEVER MARRIED D	Baltimore C			
ESSEX	11. NAME OF HOSPITAL, NUR LIFNOT IN SUCH EACHLITY, GIVESTI 152 WILTSHIP		DR OTHER INSTITUTION	120. USUAL OCCUPATION (TYRE WOLLEGE BELL)	126. KIND OF BUSINES		
USUAL RESIDENCE (IF NURSING HOME 136 STATE 136 COL Md. Ba	OR OTHER INSTITUTION GIVE RESIDENCE BE 11/17 I 3c. CITY OR TO ESSE	FORE ADMISSION) OWN X	13d. INSIDE CITY LIMITS? YES NO K	13e.STREET ADDRESS / ZIP CO			
14. FATHER'S NAME George	Meltz Weltz		Madá'l'ine		anns LAST		
160. WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SI	ECURITY NO.	17. INFORMANT	ADDRESS			
	VIII 21.3-07	0710	Casumalnalum	Weltz 2Rembert	Court 21224		
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for (a), (b),	, and Ici.	arrest		APPROXIMATE INTERVA		
	DUE TO, OR AS A CONSE	QUENCE OF	coolin	asc lar dies	33 4		
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.)	DUE TO, OR AS A CONSEQUENCE OF					
PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	inal disease or condition (GIVEN IN PART 1:00		
190 DATE OF OPERATION 13,19 216 ACCIDENT WAS UNDERLYING	37 Cholery	STATES	N WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH YES NO		
On COLUMNICATION CALLES OF D		DAY YEAR	21c. HOW INJURY OCCURE	RED {ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART 2)		
VICE NOTWINE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFI	ICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	OWN COUNTY STATE		
22a.t certify that (1) (this has sow the deceased alive a above 1) (we) (did) (did)	on 19 of tended the deceosed from 19 of the last of th	9-87. or	nd that in (my) (our) opinion (death occurred on the late and h			
27h Sighaylure	Usuch	· m		MEDICAL STAFF DIRECTOR PHYSICIAN	22 PATE SIGNED		
Dr. Miceli	OR PRINT)	~	108 S. Ta	aylor Ave. 2122	/ /		
230 BURIAL, CREMATION, REMOVA (SPECIFY) Buriel			emetery or crematory on Cemeterv	23d LOCATION CITY OR TO Baltimo	ore out Maryland		

DHMH - 16 60M 7/84 (VRA 15, 4)

Commelly Funeral Home 300 MaceAve. 21221

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

JUL 28 1987 Julia Scrider Red Julia Dandon Badas

JUL 28 88

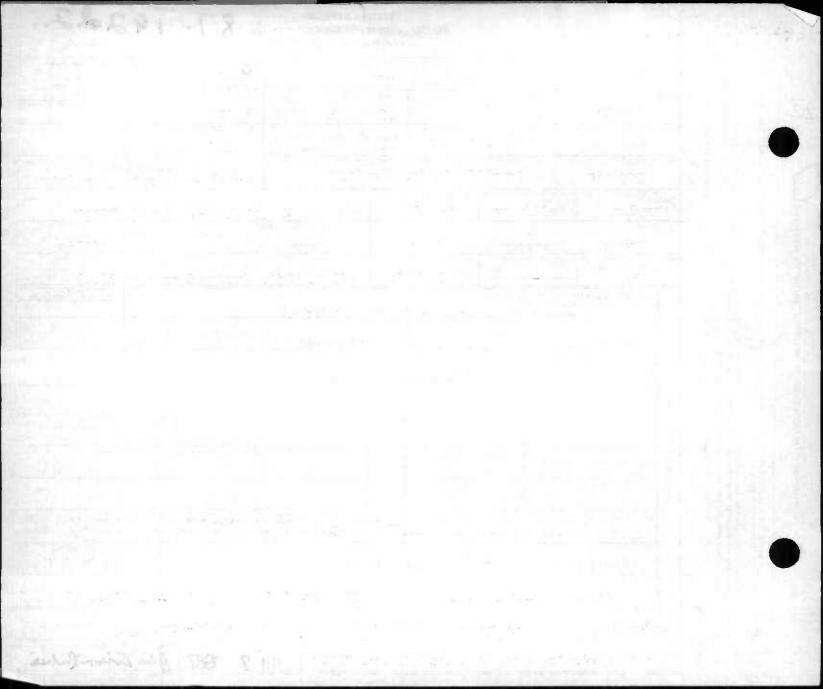
FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	7	-	1	9	2	2	2

-		REGISTRAR				CERTIF	ICATE OF DE	ATH		REG. NO) 1	Contract of	0 95
		CEASED NAME OR PRINT)	Nancy		Lee	WHITE	AST E		July 7	EATH	MONTH .	NAY MEAR	сь нобя 8:25р м
	3. SE	x Female		4 RACE Whit	te	5. DATE O		1939	6 AGE (IN YEAR	S LAST BIRT		# UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
5	(RTHPLACE (STAT COUNTRY) Maryla	nd	United	States	MARRIE		DRCED [9 BALTIMORE Balti				MD.
7		Rosedal	е	Frank	HOSPITAL, NURSI Lin Squai	re Hos	pital	NOITU	120 USUAL OC (TYPE OF WORK FO Dental	OR MOST OF	F WORKING LIF	FE) INDUSTRY	tistry
5	13a. S	at RESIDENCE (# BTATE aryland	13b COU		GIVE RESIDENCE BEFOR 13t. CITY OR TOV Dunda	VN	13d. INSIDE CITY	Y LIMITS?	130.STREET AD 2762 M			d./2122	2
)		Robert VAS DECEASED E		MED FORCES?	Wines		15 MOTHER'S A	ora		ADDRE	ec.	Wil	
1		YES, NO OR UNKNOWN		VE WAR OR DATES)	213/36/4				e (Husba			as 13e.	MATE INTERVAL
0	CERTIFICATION		tating the ause last.	(c)CONDITIONS <u>CC</u>	Metasta Distributing to	tic Ca	NOT RELATED TO		NAL DISEASE C		20b. IF YES	VEN IN PART 110	IGS USED
\times		218. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY				AY YEAR	21c. HOW INJU	JRY OCCURR	YES NED LENTER NATUR	NO X	YE	s 🗌	NO 🗆
	MEDICAL	21d INJURY OCC	MEDICAI EXAMINE	21e. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM FTC.) STREET						CITY OR TOV	WN	COUNTY	STATE
1		22a. I certify that sow the decaboveXXI.w. 22b. SIGNATURE 22d. PHYSICIAN'	87, ar	nd that in May) (o DEGREE ATI	TENDING _	medical	on the da	ite and hav	19_87, to and from the control of the control o	signed			
	23a B	BURIAL CREMATION	ON, REMOVAL	abrash, 1		NAME OF C	9000 F		n Square		ive B	Balto.,	MD 21237
	24 FL	remation UNERAL DIRECTO	R	7/9/19	987 G;	reen M	ount Cre	emator	y Bal	EIMO ISTRAR	256 REGIST	TRAR'S SIGNATU	arylähd DRE
	Wa	lter Bro	oks Bra	dley, I	nc. Dund	alk,Mc	1. 21222		7 19	187	Julia	Durdon	Randaes,

DHMH - 16 60M 7/84 (VRA 15, 4)



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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENI CERTIFICATE OF DEATH

OF HEA! TH AND MENTAL HYG	IENE				2	03
RTIFICATE OF DEATH	2	7	REG. NO	9	2	33

J	DECEASED NA	ME FIRST		MIDDLE		LAST	20 D	ATE OF DEATH	MONTH DA	YEAR	26 HOUR	₹
Ή	DR PRINT)		Marionie W	477 James				7 MA 100				M
1	SEX		4. RACE	IIIIaus	5. DATE	OF BIRTH	6. AC	7/14/87 SE (IN YEARS LAST BH		FUNDER 1 YEAR	IF UNDER ?	4 HRS
ŀ				355	MON					ONTHS DAYS	HOURS	MIN.
ŀ		(STATE OR FOREIGN		ucasian WHAT COUNTRY		/13/14	0.04	LTIMORE CITY (YRS.	OF DEATH		
1	COUNTRY)	(STATE OR FOREIGN	16 CHIZEN OF	WHAT COUNTRY	MARRI	IED A NEVER MARRIED	□ Y BA	ILIIMORE CITT Q	JK COUNTY C	PUEATH		
1	Penn	sylvania	U.S.		WIDOW			Baltim USUAL OCCUPA	are Count			MD.
ľ	0 CITY OR TOW	NOF DEATH		HOSPITAL, NURS		OR OTHER INSTITUTION		USUAL OCCUPAT		HI26 KIND OF	FBUSINES	SSOR
1	Woodlaw	n		ukewood Ro	-		, ,	orker	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	S.S.A		
		CE (IF NURSING HOM	OR OTHER INSTITUTION	GIVE RESIDENCE BEFO	DRE ADMISSION						207	
	Maryla	13b CC	altimare	Woodlaw		YES NO S		TREET ADDRESS		21	201	
h	4. FATHER'S NA		alwinde	WCCCIAN	1	15 MOTHER'S MAIDE		208 Lukewo	D. ROBO			
ł	FIRST		MIDDLE	LAST		FIRST		MIDDLE		LAST	r	
ł		M. Dutter		Tun coordinate		Ella N.		ADDR	FCC			
ľ	(YES, NO OR UNK		ARMED FORCES? GIVE WAR OR DATES!	166 SOCIAL SEC	URITY NO.	17 INFORMANT RO	bert A	. Dutton	E33			
L	No			298-01	-7926	Rt. 1 Box 2	3G3		Bishov	ille Man	brastv	2181
r	18 CAUSE	OF DEATH (Enter	only one couse pe	r line for (a), (b), (and (c		/ ^	1) 7	1.	APPROXIVE BETWEEN O	MATE INTERV	/Al DEAJH
ı	PART I.	DEATH WAS CAL	JSED BY: DIATE CAUSE (0)	an	rti	MOCCH	dea	1 soft	not con	1/1	unc	6
ı		MARCO			uruse he	1 0	A	1	/ 1			
١	Condition	s, if any, which		DR AS A CONSEQ	-1/ No	Mi- Ciker	tie	Hom	1 Dire	8	yen	
ı	gove rise	to immediate)		7 7 0	70-36-		- Carto		7		
ı		couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost.										
1		(c)										
ı		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0										
1	ē			1) 11/4	100							
N	19a DATE C	OF OPERATION	196 CONE	DITION FOR WHIC	H OPERATI	ON WAS PERFORMED	20	a AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDIN	OF DEATH	42
I	E						YE	ES NO	YES		NO 🗌	
1	21a ACCIDE	NT WAS UNDERLYING		OF INJURY	DAY YEAI	21c HOW INJURY OC	CCURRED (ENTER NATURE OF INJ	JRY IN ITEM 18 PAR	RT I OR PART 2)		
ı	OR CONTRIB	UTING CAUSE OF NOTIFY MEDICAL EXAM	DEATH	P.M.	19							
ı	0	YOCCURRED	21e PLACE	OF INJURY		211 LOCATION						
ı	WHILE AT WORK	NOT WHILE	(AT HOME S	TREET FACTORY OFFIC	E, FARM ETC)	STREET		CITY OR TO	JWN	COUNTY	51	ATE
ı			ospital) atterfded t	be decread to a	19	195	79	- 7/1	4	87	h. e. d. 1.	- Charles
ı			1 1 1 1	2 10	11	and that is my Daur an	union death	occurred on the	late and hour		thorth (w	
ı		sow the decreased air of obavy, (1) (2) I did not solve the body ofter death. DEGREE DEGREE										
ı	226 SIGN	HORE		NG & ME	DICAL STA	EE	ZIL DATE	SIGNED				
J	(L dve	no /	1079	Mar	MO PHYSICI	AN DIR	ECTOR PHYSI		1/10	4/6	2
1	22d. PHYSIC	CIAN'S NAME (TY	PE OR PRINT	, ,		22e ADDRESS	1	1/ /		1/1/	/	
ı		12/10	Va- 1			1 Kd	rhol	2/15/10	zun, 6	m.		
†	3a BURIAL, CRE	MATION, REMOV	AL 236 DATE	73	NAME OF	CEMETERY OR CREMAT	ORY 23	d LOCATION	1.4			-
I	(SPECIFY)							CITY OR TOWN		COUNTY		ATE
1	Purial 4 FUNERAL DIR	FCTOR T-	7/17		woodla	wn Cemetery		Moodlawn F				D
I	NAME		ing Byers				1111 4	7 1007	1.0	ndon Re	dall	
1	8/28	JOETTV KOR	d Randalls	STOWN MAYY	land 2	11133	JUL	100/	Transfer Same.		-	-

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this ce though be detached for use as the burse with the State Dept. of Health and Men MIPORTANT. If them 21 is marked at the 27 - 2002AE - 2744AC - 274

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

87 19224

1-	FOR - STATE REGISTRAR	DEPA		HEALTH AND MENTAL HYG FICATE OF DEATH	0	1198	227			
I. DE	CEASED NAME FIRST	MIDDLE		LAST	REG. NO		AR 2b. HOUR			
	PAUL	G	WIL	LIAMS	8	753	72 2235			
3. SE	X	4. RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRT					
	M	W	MONT 9	2/ ZQ	64	YRS.	DATS HOURS MIN			
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT U-S	RY? 8 MARRIE WIDOW	ED NEVER MARRIED	9 BALTIMORE CITY OF	LTO. COUN				
. 10. CI	Towson	11. NAME OF HOSPITAL, NUM (IF NOT IN SUCH FACILITY, GIVE ST ST- JOSEPH 14	RSING HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Administra	WORKING LIFE) INDUS	ND OF BUSINESS C			
USU	AL RESIDENCE HE NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BE	FORE ADMISSION)				21204			
	Md. Balt			13d. INSIDE CITY LIMITS?	130 STREET ADDRESS /		APT. 301			
_	ATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NA			LAST			
		Williams		Marjor		Edwards				
			22-7768	GRace I. Wil	ADDRE		Apt 301			
	Yes WWII&Korea \alpha Q - \alpha Q - \alpha Q - \alpha GRace L. Williams 20 ACorn Cir 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY C C V									
		TE CAUSE (a) SEPT	1 C	SHOCK		BETY	PPROXIMATE INTERVAL WEEN ONSET AND DEAT			
		DHE TO OR AS A CONSE	OUENCE OF	0.0.	-0'.					
	Canditions, if any, which	(b) ACCIT	FI	ESKILLATORLY	FAILUR	E				
	gove rise to immediate cause (a), stating the		01151105 05							
	underlying couse last.	DUE-FO, OR AS A CONSE	OUENCE OF	1 world of	PHLMON	ARY EAR,	MA			
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BULNOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to									
NO										
T A	190 DATE OF OPERATION	206. IF YES, WERE F								
CERTIFICATION					YES NOT	IN CERTIFYING CAI	USES OF DEATH?			
E E	210. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCUR		Y IN ITEM IS PART I OR PAR	21 2)			
	OR CONTRIBUTING CAUSE OF DE		DAY YEAR							
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE)	P.M. 21e. PLACE OF INJURY	19	211 LOCATION						
MEI	WHILE NOI WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF	ICE FARM, ETC)	STREET	CITY OR TOW	VN COUNT	TY STATE			
		ital) attended the deceased Ira	om	, 19	, to		, that (1) (we) la			
	sow the deceased alive or abave, (1) (we) (did) (did no	11 view the body after death.	9, o	nd that in (my) (aur) apinion	death occurred on the da	te and haur and from	n the causes stated			
	22b. SIGNATURE	Challas M.	D.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F _ 7	SIGNED			
1	224. PHYSICIAN'S NAME ITYPE OF BAL	LOS M.D	3	220 ADDRESS ST. JUSEPH	420H 2'1	1	owow. The			
23g E	BURIAL, CREMATION, REMOVAL	23b. DATE 2	3c NAME OF C	CEMETERY OR CREMATORY	23d LOCATION		11			
(Burial			e CEmetery	CITY OR TOWN	Pennsylva	STATE			
-	UNERAL DIRECTOR				E REC'D. BY REGISTRAR					
I.T	ohn C. Miller,	Inc -6/15 Role	SS Da		7 4007	Julia Dande	on- Kandres			
9	omi c. miller,	THC0412 Dela	ir koad	1-212-6 10	RID/					

DHMH - 16 60M 7/8 (VRA 15, 4)

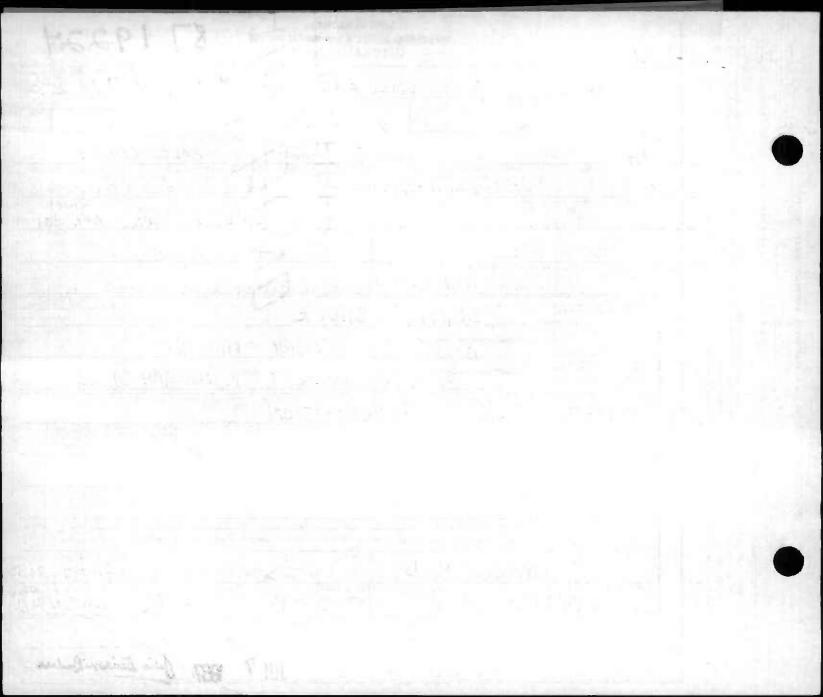
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban pages. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that

retained by the hospital or attending physician.

BP.



871.0	1-	FOR STATE REĞISTRAR			DEPART	MENT OF H	EALTH AND MI	ENTAL HYGI	ENE REG. N	. 1	92	25
/	1 DE	CEASED NAME	FIRST	A	MIDDLE	L	AST		20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
tor. page 3	TITTE	Wil	liam		J.ohn	WILL	TAMS S	n.	JULY	5 10	87	3.15p M
e do	3 SE	(RACE	111	5. DATE O			AGE (IN YEARS LAST BIR	THDAY	FUNDER I YEAR	IF UNDER 2 THES
ge 4		Male		Whit	te	MONTH	27	YEAD 4	62	YRS	ONTHS DAYS	HOURS MIN.
Pog Pog	7a Bi	RTHPLACE (STATE OR FO	REIGN 7b.	CITIZEN OF	WHAT COUNTRY?	8 AA A PRIEG	DE NEVER MA	ARRIED	BALTIMORE CITY	_	OF DEATH	
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the the truck	10. CI	ROSSVILL			HOSPITAL, NURSIN HIJAÇILITY, GAVE STREET			UTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST (126. KIND OF	BUSINESSOR
the by					tin Squa		pital		Retired		Beth	Steel
t how	13a S	TATE	13b. COUNTY		131. CITY OR TOW		13d. INSIDE CIT	Y LIMITS?	13e.STREET ADDRESS	/ ZIP CODE		
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with with	14 FA	THER'S NAME	MID	DLE //	LAST LAST		15 MOTHER'S	DCT	E MIDDLE		, , LAST	
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B 10 E					219-16-		Mildre	d C.Wi	lliams 610	River		
B 200 H		18 CAUSE OF DEATH PART I. DEATH WA	S CAUSED B	one cause per	line for (a), (b), on	d (c).)					BETWEEN OF	NATE INTERVAL
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y the crem ther		cause (a), stating underlying couse	the lost	DUE TO, OF	r as a consequi	ENCE OF						
ed b pleas rnol,		DART O OTHER CICAL	EIGANIT CON	(c)		DE ATHERUT	101 051 1750 7	0.7115.750				
sign hen he bu	Z	PART 2 OTHER SIGN	IFICANT CO	ADITIONS CC	INTRIBUTING TO	DEATH BUT	NOTRELATED I	O THE TERMIN	NAL DISEASE OR CON	DITION GIVE	N IN PART Ita	
nit Trior	CERTIFICATION	19a. DATE OF OPERATI	ON	196 CONDI	TION FOR WHICH	OPERATION	WAS PERFOR	MED	20a AUTOPSY?	20b IF YES,	WERE FINDING	GS USED
hos b perm sne pr ws or	IFIC								YES NOT	IN CERTIFY YES	ING CAUSES C	OF DEATH?
N: The ysicio	CERT	21a. ACCIDENT WAS UNDE	RLYING	21b. TIME O			21c. HOW INJU	JRY OCCURRE	D (ENTER NATURE OF INJU		1	
Physical Phy	-	OR CONTRIBUTING CA				AY YEAR						
ding ding was ce burish	MEDICAL	21d. INJURY OCCURRE		P./ 21e. PLACE C	OF INJURY	19	211. LOCATION	1				
G PH er th the ond ked c	ME	WHILE NOT WHILE	€ □	(AT HOME STR	PEET, FACTORY OFFICE, F	ARM ETC]	STREET		CITY OR TO	NW	COUNTY	STATE
Or or Se os se os the mor		22a.1 certify that (I) (ottended the	e deceased fram_	July	5	19_87	to JUV	j1	9.87	nat (1) (we) last
TTEN Portal Portal		sow the deceased	d alive on	-	19_	-	d that in (my) (c	iur) apinian de	eath occurred on the d	ate and hour	and from the co	auses stated
hos like hed hed hem		776 SIGNATURE	01	10.			DEGREE				22c. DATES	IGNED
AL D AL D letocote Die D		041	10/10	allia	4 MD			TENDING HYSICIAN	MEDICAL STA		15/	37
FUNER JId be d The Sto		THE PHYSICIAN'S NA	WE THIS OFFI	Deits	1		22e ADDRESS					
		H. Gold	dman,	M.D.			9000	Frank1	in Square	Drive		
My shot		URIAL, CREMATION, R	EMOVAL	23b. DATE		NAME OF C	METERY OR CR		23d LOCATION			
BP		SPECIFY) Buria	1	7-8-8	7 (Dak La	un Cem	etenn	Eastwood	L. Balt	COUNTY ME	d. STATE
DHMH - 16 60M 7/84	24. FL	INERAL DIRECTOR						750 PATE	REC'D. BY REGISTRAR		AR S SIGNATU	RE
(VRA 15, 4)	(hartes S.Z.	eilen	& Son.	Inc. 622	+ East	ern Ave	Mr O.	1987	" Dende	on. Kanda	UL.

STATE OF MADVIAND

EE,07 1551 med and the and the second process of the second second garden . Legiga . Jon Lan. 1929 . as can gentle O'l 1987 . . . Calest Land

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR CEASED NAME Wa yne 20. DATE KNOWN Scott TYPE OR PRINT OF ESTI-DEATH MATED hit DATE OF BIRTH & AGE LIN YEARS IF UNDER 1 YR IF UNDER 24 HRS. 25. DATE March 12,72 DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Maryland Baltimore County, ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 175 KIND OF BUSINESS Rocssville Franklin Square Hospital Student USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baltimore, MD/ | 13d INSIDE (ITY LIMITS? | 13e STREET ADDRESS | BAITIM | YES | NO [X] | 2212 Firethorn Rd Maryland 21220 Baltimore Middlesex 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Willia Jo Ann Bruce Regina Culotta 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRBaltimore, MD. (YES, NO, OR UNKNOWN) 219-92-4664 JoAnn Willig 2212 Firethorn Rd 21220 IB CAUSE OF DEATH (Enter only one couse per line for (o), (b), and APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PRESTON ST. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [O THE O 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED THE PLACE OF INJURY (AT HOME. EXECUTE THE CERTIFICATE WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: MAGES 38 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND 211 LOCATION STREET, FACTORY, FARM, ETC.1 CITY OR TOWN COUNTY STATE WHILE AT WORK 22s. Learnily that Took charge of the remains described above, held on death resulted from Undetermined monner EXAMINER'S NAME TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 235, DATE STATE July 25,87 Memorial Pk Baltimore 07/84 BP 250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE JUL 24 1087 Julia Dander & 25M Dippel Funeral Home, Inc. 24. FUNERAL DIRECTOR **DHMH - 17** 7110 Belair Road

Baltimore, Maryland

(VR A15 ME (5))

21206

STATE OF MARYLAND

ctor, page 3 s ofter death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

221 9

to 8		REGISTRAR					CERTIF	CATE OF	DEATH		REG.	NO.				
	1. DECE	ASED NAME	FIRST		MIDDLE		U	151		20 DATE	OF DEATH		DAY	YE AR	26. HOU	JR 10
	,	EST	ILE	THUE	NAMS		WIL					7	12	87		30 ¥
	3. SEX			4. RACE			5. DATE O		¥E AR	6 AGE	(IN YEARS LAST	BIRTHDAY	#F UND	DAYS	IF UNDER	24 HRS MIN.
		MALE			ASIA		09	07	17		69	YR				
12	7a. BIRT	HPLACE (STATE OR ECUNITY) VIRGINIA	DREIGN 1	b. CITIZEN OF		INTRY?	MARRIED	NEVER	MARRIED -		MORE CITY		/	EATH		
\sim	_	OR TOWN OF DEAT	71.1	11 NAME OF	S.A.	NIN ID CINI	WIDOWE		NORCED		LIMOR AL OCCUP	-		, KIND O	F B1 15 16 17	MD.
0	BA	LTIMORE		3711 I	ansy	AV	enue		1227	CON	DUCT	ST OF WORKIN	G (IEE) IN	DUSTRY ALL		
5	MA	RYLAND	NG HOME OR O	OTHER INSTITUTION	I3c CITY C			YES (X	NO NO	371	et addres			iue	212	27
32	1	POUGAE		E E	WIL				'S MÁIDEN NA LIE		ALMA			REĎ	ITH	_
0 /		AS DECEASED EVER I	(IF YES, GIVE	WAR OR DATES)	166 SOCIA			17 INFORM			re,M				2122	
1		YES	WW 1	1	230	05	0145	Chri	stine	Wil	son	371	l Pa	APPROXI	Ave	enue
shows only injury, or other froumone	NOL	Conditions, if ony, gove rise to immocouse 101, stofting underlying couse PART 2 OTHER SIGN 90 DATE OF OPERATI		NSEQUE	NCE OF	NOT RELATE			UTOPSY?	20b IF	GIVEN IN YES, WER	RE FINDIN	VGS USE	TH?		
S SU	8 7	110. ACCIDENT WAS UNDE	RLYING	21b. TIME C				21c HOW I	NJURY OCCUR	-		NJURY IN ITEM		R PART 2)		
		OR CONTRIBUTING C		The second second	M. MON	IH DA	Y YEAR									
rked or Item	W.	MHILE NOT WHILE	ED	21e PLACE		OFEICE, EA	IRM, ETC)	21f LOCAT STRE	ION	-	CITY OF	NWOT	C	OUNTY	5	STATE
If Irem 21 is morked	2	20.1 certify that (1) (sow the decease above, (1) (we) (di	d olive on_	6-16		195	7,00	O d that in (m)) (our) opinion	deoth occu	2 - (e date and	19_		that (1) (s	
	2	226 SIGNATURE	/	Lu	den		1	DEGREE //	ATTENDING PHYSICIAN	MEDIC	AL S OR PHY	TAFF SICIAN []	2	7-1	SIGNED	87
MPOKIAN.		WML	. 14	acon				768	Olav	-	ef 7	Tow.	502	140	1120	04
	23a. BU (SP	RIAL, CREMATION, R BURTAL	REMOVAL	7/16/	27	100		METERY OF	CREMATORY		COOK I	3770	A	K	Mô	#ATE
- 4		VERAL DIRECTOR		1/10/	07	-	CEDA!	Z UIT			BY REGISTR	-				
	TA LOW	TENME DIRECTOR							230. UA	IL NEC D. E	VI KEODINIK	WILLIAM WER	CHMAILOR	PALION	UKE	

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending should be detached for use as the buriol-transit permit. Then please remove corbest with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, as its

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death

Raymond C. Fink Glen Burnie, Md. 21061

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

Julia Dividson Pandage

requires that

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital ar attending physician

5830

whin 24 hours after death. Page 4 may be

STATE OF N	ARYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	REG. N	10.	9	60	2
DATE	OF DEATH	MONTH	DAY	YEAR	2b H

- 0	REGISTRAR				CERTI	ICATE OF DE	ATH	0 /	REG. NO.	1	6.4.48	
	CEASED NAME	FIRST		MIDDLE		LAST		20 DATE OF	DEATH MON	NTH DAY		26 HOUR
(TAb)	OR PRINT)	P	UTH W	TTCOM		ar 1720			7	1 /	87	4:26
3. SE	X		RACE	THOOM	5. DAIL	OF BIRTH		6 AGE INY	EARS LAST BIRTHDA	AY) IF (UNDER I YEAR	IF UNDER 24
	Temale		BIA	K	MONT 2	12	ZO	6	7	YRS	VIHS DATS	MOURS
	IRTHPLACE (STATE OR	FOREIGN 7	L CITIZEN OF	WHAT COUN	TRY?	D NEVER MA	ARRIED	9 BALTIMO	RE CITY OR C	OUNTY OF	FDEATH	
BA	LTO., MD		U.	S.A.	WIDOW		ORCED X	BA	LTO.	20		
	ALTO.	ATH 1		HOSPITAL, NUICH FACILITY, GIVE		OR OTHER INSTIT	UTION		OCCUPATION FOR MOST OF WO		126 KIND O INDUSTRY	OF BUSINESS
USU	AL RESIDENCE HE NUR	136 COUNT	THER INSTITUTION				V LIMIT CO	In STREET	ADDRESS / ZII	ID CODE		
130.	MD.	XBA		BALTO		13d. INSIDE CITY	10 []		CEDARI		DD	27205
14 F	ATHER'S NAME	21,2321	21227	IDALIC	, .	15 MOTHER'S A			FUARI	JALE	RD.	21207
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CERTIFICATION												
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								YES 🗍	NOIA	YES [7	NO 🗍
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	OR CONTRIBUTING		1100100 0		DAY YEAR							
N N	(FEITHER NOTIFY MED			P.M.	19							
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	AT WORK AT WO	ORK					_				100	
	22a.1 certify that (1		ol) ottended t	he deceased f			19	, to				that (I) (we
	sow the decease above, (I) (we)	sed olive on_) years the had	v ofter death	.19, c	nd that in (my) (a	our) apinian	deoth occurre	d on the dote	and hour or	nd from the	couses state
	22b. SIGNATURE	Gray (did Hot	, view the bod	y oner deom.	,	REGREE		1			22c. DATE	SIGNED
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	Celvi	nune	/ /	ray	al M	PH PH	YSICIAN T		PHYSICIAN	ND	1	11/0
	224 PHYSICIAN'S N	IAME (TYPE OR	PRINT)	-47	-	22e ADDRESS						
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-	1	- 1		Klares			Minky	4				
	BURIAL, CREMATION	, REMOVAL	23b. DATE		230 NAME OF	CEMETERY OR CR	REMATORY	23d. LOCA	ATION OR TOWN		COUNTY	STA
	BURIAL		7/	/87	MEADO	W RIDGE	E CEM		OK TOWN	MARY		SIA
24 5	UNERAL DIRECTOR		1/	/0/	LILLADO	" KIDGE			EGISTRAR 25h		R'S SIGNAT	THIRE
24.7	NAME			ADD	RESS		LILL	0 7 40	27			
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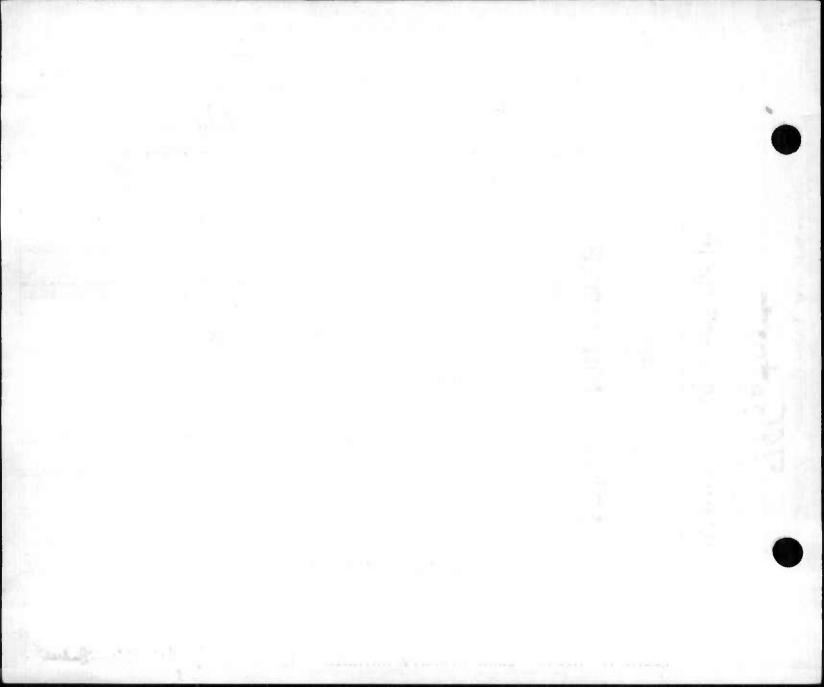
4600 LIBERTY HEIGHTS

DHMH - 16 60M 7/B4 (VRA 15, 4)

LEROY

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completely filled in by

	STA	TE OF M	ARYL	AND	
TMENT	OF	HEALTH	AND	MENTAL	HYGIENE

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ha Davidson-Handara

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4		EASED NAME FIRST	WIDDLE	,	AST	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
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×	4-35%	Ç (4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIR		ONTHS DATS	IF UNDER 24 HRS
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-	Th. BIR	RTHPLACE ISTATE OF PORES	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIE	NEVER MARRIED	BALTIMORE CITY C	R COUNTY	OF DEATH	
	D	narylani	U.S.H.	WIDOWE		BAITC))		MD.
y	10 CI	TY OR TOWNFOF DEATH	11. NAME OF HOSPITAL, NURSI		R OTHER INSTITUTION	120 USUAL OCCUPAT			BUSINESS OR
	-	0650	St. Joseph	ME	spital	Unk		PENN.	PAILROAD
	U5UA 13a. S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BUFFOR		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	CH Zi	0 21234
	14 FA	THER'S NAME	7,1,7	1000	15 MOTHER'S MAIDEN NA		/ //	1.1.10	
		ARCHER	MIDDIE WEAV	ER	MARY	MIDDLE		CONIN	IOR
•			WE WAR OR DATES) 166 SOCIAL SEC	URITY NO.	12 INFORMANT FAX	nily PE	SCORF	25	
		IS CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b), a ED BY:		CARDIAL IN	END DION		APPROXIM BETWEEN ON	NATE INTERVAL NSET AND DEATH
		IMMEDIA	TE CAUSE (a) /1 CO / C	10110	ATICISTING TO	1-181001100		0.0	173
		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	SCLG	rotic HEM	et disens	B	481	PKS
		cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	JENCE OF	MOULTUS	·		40	MRS
	NO	PART 2 OTHER SIGNIFICANT OF	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVE	N IN PART 110	
1	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICE	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING	
H	ERT	710. ACCIDENT WAS UNDERLYING	7 21b TIME OF INJURY		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU			NO []
4		OR CONTRIBUTING CAUSE OF DE		DAY YEAR					
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	FARM FIC)	211 LOCATION	CITY OR TO	wn	COUNTY	STATE
	~	AT WORK NOT WHILE AT WORK							
			ital) attended the deceased fram.	00	id that in (py) (our) apinion	death accurred on the d	ate and hour		hot ((we) last
		abave, (Maye) (May (did no	at) view the bady after death.	- /	DEGREE			22c DATES	
		Sorgec	Acraba Tour	18 6	17 A ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN (7-10	287
		THE PHOSICIANIS NAME (TYPE C	OR PRINT)		STI VOSOPIN	LINDSPITAL	,		
		NORGE C.	>GCADA-LOVIC		1620 YOK	46 RD. TO	Swsan	1, MO	21204
		WHAL CREMATION REMOVAL	23b DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	136	COUNTY	STATE
	24 FII	JNERAL DIRECTOR	017711016	KEER	750 DAT	TE REC'D. BY REGISTRAR	256 REGISTR	AR'S SIGNATU	IRE
- 1	0	and the security to a section			130. DA		The Property	U U-U-TO	***

HAPEL OF IMEMORIES

DHMH - 16 60M 7/84 (VRA 15, 4)

retained by the hospital ar attending physician

BP.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the buriol-transit permit. Then please remove carbagopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the haspital or attending physician.

d ector page 3

Poges 1 puo

executed within 24 hours after death. Page 14

STATE OF MARYLAND

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5	- 1
4	

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La	0	V

FOR - STATE - REGISTRAR				ALTH AND MENTAL HYG CATE OF DEATH	IENE / REG. NO.	2 3	5 0
DECEASED NAME	est OTTO	MIDDLE	WOHLM		JULY 24,198	DAY YEAR	12:45A
MALE	4 RACE WHITE		MAY 2	28, 1893 YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 94 YRS	IF UNDER 1 YEAR	IF UNDER 24 HRS
d. BIRTHPLACE (STATE OR FORE COUNTRY) HUNGARY	USA		WIDOWED		9 BALTIMORE CITY <u>OR</u> COUNTY BALTIMORE COUN	TY	м
O CITY OR TOWN OF DEATH	7"SLAD	E AVE . APT	PRESS) 521	OTHER INSTITUTION (21208)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI ERCHANT	FE) INDUSTRY	OF BUSINESS OF
	BALTO	PIKESVII	LE	13d INSIDE CITY LIANTS? YES NO []	137 STREET ADDRESS VEZIP CAP	T. 521	(21208
WILHELM	WIDDLE	WOĤĹMUT	TH	ROSA	WIDDLE	BLE	
WAS DECEASED EVER IN	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	219-32-32		MRS. BRYNDEL	L WOHLMUTH 7 SL	ADE AV	L208) E.APT. 5
18 CAUSE OF DEATH I	Enter anly ane cause per CAUSED BY MEDIATE CAUSE (a)	r line for (a), (b), and (Ve-	COA		BETWEEN	XIMATE INTERVAL LONSET AND DEATH
PART 2 OTHER SIGNIF	PART 2 OTHER SIGNIFICANT CONDITIONS CC			NOT RELATED TO THE TERM	20a AUTOPSY? 20b IF YE	VEN IN PART 1	INGS USED
0.0000000000000000000000000000000000000	an continuo Continuo HOUK A			214 HOW INJURY OCCURE		ES 🗌	NO 🗌
GREATHER NOTIFY MEDICAL (IF EITHER NOTIFY MEDICAL 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK	21e PLACE	.M. OF INJURY REET FACTORY OFFICE FAR	M ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
220.1 certify that (1) (the saw the deceased above, (1) (we) (did		19	7/2 	that in (my) (aur) apinion (tadeath accurred an the date and has		that (I) (we) la e causes stated
226. SIGNATURE	M-RCG E (TYPE OR PRINT)	Rail"	D	22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN		24/87
230 BURIAL, CREMATION, RE	MOVAL 23b DATE			METERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	2NO8
(SPECIF BURIAL 24 FUNERAL DIRECTOR NAME 6010 REISTERS	SOL LEVINS TOWN RD. BA	SON & ADBROS		1111	BALTIMORE, MI E REC'D. BY REGISTRAR 256 REGIS 3 1 1987	TRAR'S SIGNA	TURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the should be detached for use as the buriol-transit permit. Then please to with the State Dept. of Health and Mental Hygiene prior to buriol, credit

STATE OF MADVIAND

EPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 /REG. NO. 1	9	2	3 1
LAST	20 DATE OF DEATH MONTH	DAY	YEAR	2b. HOUR
WOODL AND	7-18-87			7.0

Maryland

		TOR STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEATH	8 /REG. NO.	9231
100	1230 J	DE PAS DINAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH D	YEAR 26. HOUR
Pe	e oo h	DOROTHY	E. WOO	DDLAND	7-18-87	7:05p
mo)	\$ 0	3. SEX	4 RACE	5. DATE OF BIRTH	u. AOL (International Control	FUNDER I YEAR IF UNDER 24 HR
9 9	rs of	Female	White	4-18-1916 YEAR	71 YRS	
0	Po Po	To. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
deoth	thin 72	Maryland	U.S.A.	WIDOWED DIVORCED		
er d	with with	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS C
a s	by the filed will	TOWSON	G.B.M.C. 670	N. CHARLES ST.	Dental Assist	Dentist
24 hou	ould be	USUAL RESIDENCE (IF NURSING HOME 130. STATE 13b. CO Maryland Ba	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE UNITY 13c. CITY OR TOWN		13 SIREET ADDRESS / ZIP CODE 8805 Harford	Rd. 21234
ed within	and 2 sh	Joseph	MIDDLE Doyle	15 MOTHER'S MAIDEN N. Elizabet		Lauer
e execut	Poges 1	160. WAS DECEASED EVER IN U.S.		RITY NO. 17 INFORMANT 4687 Mrs. Lisa 1	Doberer 7910 Ma	
ф Ф	personal.	18 CAUSE OF DEATH (Enter	only ane cause per line far (a), (b), and	d (cv.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rtific	on po emo	IMMED		COMP.		4 DAYS
- P	or r or r or r	1	DUE TO, OR AS A CONSEQUE	ENCE OF		
0.00		Canditions, if any, which	(b) LIVER ME	TASTASIS		
ž	(2 F)	couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF		
\$	(1 m		(c)			
1	5 6 2 0	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO S	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVI	EN IN PART ITO

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED					206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?	
				YES 🗌	NO	YES 🗌	NO 🗌
	216 TIME OF INJURY HOUR A.M. MONTH DA		21c. HOW INJURY OCCURRED) (ENTER N	ATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19					

21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION STATE COUNTY STREET CITY OR TOWN (AT HOME STREET FACTORY, OFFICE FARM, ETC.) NOT WHILE

22a | certify that (1) (this hospital) attended the deceased from saw the deceased alive an above, (I) (we) (did) (did nat) view the body after death and that in (my) (our) apinion death accurred an the date and how ond fram the causes stated 22c DATE SIGNED DEGREE 22b. SIGNATURE

ATTENDING PHYSICIAN MEDICAL STAFF DIRECTOR PHYSICIAN 22e ADDRESS 22d PHYSICIAN'S NAME (TYPE OF PRINT)

BALT MD 3 ASPEN 1 23¢ NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL

236 NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN CITY OF TO (SPECIFY) Cremation 7-22-87

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ZANNINOJE. F.H.

DHMH - 16 60M 7/B4 (VRA 15, 4)

O FUNERAL DIRECTOR

8

POSTANT # III

the Stote D.

MEDICAL

remove carbonpoper emation, or removol.

for use as the buriol-transit permit. Then please remove a of Health and Mental Hygiene prior to buriol, cremation.

Henry 8 shows ony

IMPORTANT: If Item 21 is

TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the buriol-transit permit. The with the State Dept. of Health and Mental Hygiene prior the

paulis

physicion

etained by the hospital or

06055

	FOR STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE & REGIN	10	Q 2	7 0
3	LIVE OR PRINT	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
1	Vernon	Lee	WOOD	RUFF	July 20	1987	5 43	7:53A A
	3. SEX Male	4. RACE White	5. DATE O	DF BIRTH 24, 01927 EAR	6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Carolina	76. CITIZEN OF WHAT COUSA	OUNTRY? 8 MARRIE WIDOWI	D XXEVER MARRIED DIVORCED D	Baltimore city of Baltimore	OR COUNTY O	FDEATH	MI
	Rossville 21237	11. NAME OF HOSPITA	Sq. HOSPIT		17a USUAL OCCUPAT		126. KIND OF	BUSINESS OR
	USUAL RESIDENCE (IF NURSING HOME OF 136. SATE PLANTS 136. SA		ENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO XX	13e.STREET ADDRESS	/ ZIP CODE		1221 Apt. E
)	14. FATHER'S NAME FIRST William	Woodruff	LAST	15. MOTHER'S MAIDEN NA	MIDDLE		LAST	
			26 6869	17 INFORMANT Mary Woodr	uff, Wife	Same		
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for (ED BY: Card	o), (b), and (c) liorespira	tory Arrest			APPROXIM BETWEEN O	MATE INTERVAL INSET AND DEATH
	Conditions, if ony, which		of idrosis	(Pancytopen	ia)			
	gove rise to immediate couse lab. DUE TO, OR AS A CONSEQUENCE OF lab.							
ı	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	IDITION GIVEN	IN PART 110	
	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	19b. CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		VERE FINDING CAUSES	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME OF INJURY HOUR A.M. MO	NTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	(OR PART 2)	

			YES NOXX	YES	NO 🗌
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN I	ITEM 18 PART OR PART 2)	
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	Anul	7 87	JULI V /U	0/	

87 sow the deceased olive on JULY 2U obove, K(we) (did) (did not) view the body after death. and that in () (our) opinion death occurred on the date and hour and from the causes stated

22e ADDRESS

226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN MEDICAL STAFF

22d. PHYSICIAN'S NAME ITYPE OR PRINT)

Maged Boles	, M.D,	9000 Franklin	Square Driv	e, 2123/
BURIAL CREMATION, REMOVAL	7/23/87	Oak Lawn Cemetery	23d. LOCATION Backbymore	Co. gould

BP. 1407 Old Eastern Ave Finera] (VRA 15, 4)

DHMH - 16 60M 7/B

Dadtormore Co. would. STATE

250. DATE REC'P. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Tell of and when fill as the second of the s

the contract contract with the contract of the

magaza bereste como las ser interes au

DIVISION

CHIEF ... USED OF HE.

ENARDED TO THE CH PAGE 3 SHOULD BE U

STATE

BURIAN

L- STATE

SEX

Male

20 EN ED NAME (TYPE OR PRINT)

7a. BIRTHPLACE (STATE OF

10 CITY OR TOWN OF DEATH

POREIGN COUNTRY

14 FATHER'S NAME

Frank

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7

F	CEKIIII	CAIL	OI DE	0/	R
	LAST			20 DATE KNO	
1	Wright			OF E	
5	IF UNDER 1 YR.	IF UNDE	R 24 HRS.	2c. DATE	Ī
	MONTHS DAYS	HOURS	MIN.	PRONOUNCE	D

2		REG. N	VP.	6	- 3	3
20	DATE	KNOWN	нтиом	DAY	YEAR	2h HOUR
	OF	MATED	7	26	. 8m	010
	DEATH	MAILD		6	19 0 /	M
20	DATE		MONTH	DAY	YEAR	2d HOUR

	_				
			IF UNDE	2c.	
YRS.	MONTHS	DAYS	HOURS	MIN.	PRO
					_

17 INFORMANT

July 26, 1987 DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH

ADDRESS

7b. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED U.S.A. DIVORCED

Baltimore County 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS

Accounting

OR INDUSTRY Steel Mfgr.

Dundalk	6732	2 Woodley Ro	ad
SUAL RESIDENCE (#	IN NURSING HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISS	ION)
3a. STATE	13b COUNTY	13c. CITY OR TOWN	
Marvland	Baltimore	Dundalk	

Franklin

White

4 RACE

RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN Dundalk

Wright

6 AGE

LAST BE

66

11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION

6732 Woodley Rd., NO X 15 MOTHER'S MAIDEN NAME Mildred

13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS

MIDDLE O'Brien

160. WAS DECEASED EVER IN U.S. ARMED FORCES? No

PART I DEATH WAS CAUSED BY

16h SOCIAL SECURITY NO 217/12/6828

Margaret L. Wright (Wife)

(Same as 13e)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

	IMMEDIAT
L	Conditions, if ony, which
1	gave rise to immediate
1	couse (a) stating the under-
1	lying cause lost.

19g. DATE OF OPERATION

21d INJURY OCCURRED

WHILE AT WORK

23a BURIAL, CREMATION, REMOVAL 23b. DATE

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10

James

1921

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

DATE OF BIRTH

E.

18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).

21a. EXTERNAL CAUSE WAS	21b
UNDERLYING OR	H
CONTRIBUTING CAUSE OF DEATH	

TIME OF INJURY OUR A.M. MONTH DAY YEAR

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART T OR PART 2)

P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)

21f LOCATION

CITY OR TOWN

COUNTY STATE

2D AUTOPSY?

YES

NO X

22a. I certify that I took	charge of the remain	s described above	ve, held an
death resulted fram:	Natural causes	, Accident	

Autopsy Accident ______,

ln:	spection	A.	Inquiry	DJ.
icide	<u></u>	Undete	ermined mo	nner

7/26/1987

EXAMINER'S NAME (TYPE OR PRINT)

J. Crossan O'Donovan, M.D.

TIBLE (SPECIFY

2112 Dundalk Ave., Balto. Md. 21222

Burial

CERTIFICATION

MEDICAL

7/29/1987 24. FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY Gardens of Faith Cemetery

Rosedale

23d. LOCATION

Md. Balto. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

and in my opinion

Walter Brooks Bradley Inc. Dundalk, Md. 21222

sunder to fact.

PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST. BALTIMORE, MARYLAND BP. **DHMH - 17** (VR A15 ME (5))

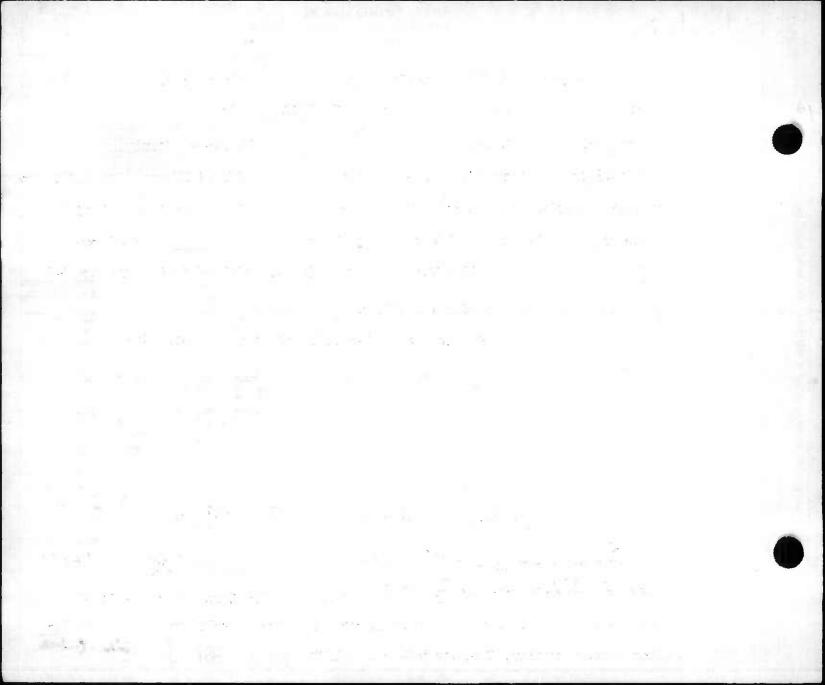
30M 7/73

deoth certificate be executed within 24 hours ofter

	4:	STATE REGISTRAR				CERTI	FICATE OF DEATH	0 /	REG. NO		
		CEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF D	EATH MONTH	DAY YEAR	26 HOUR
			eorge	Hay	es	WRIGHT.	Jr.	July 6	1987		10:5
	3 SEX		4	RACE			OF BIRTH		RS LAST BIRTHDAY)	MONTHS DA	
		Male		Whit		MON 9	23 1911	75	Y		
874		RTHPLACE (STATE OF FO		b CITIZEN OF		MTRY?	ED NEVER MARRIED	9 BALTIMORE	CITY <u>OR</u> COU	NTY OF DEATH	
ياد	10.01	Maryland TY OR TOWN OF DEA		U.S.		WIDOW			nore Cou		
57	U.CI	Rossvill		(IF NOT IN SUC	H FACILITY, GIVE	e street address) Tuare Ho	OR OTHER INSTITUTION		Office	NG LIFE) INDUST	
1-4	WSUA	L RESIDENCE (IFINURE	1					LEOTICE	OTTICE	r Law	Enforce
BE	130 S Ma	ryland	136 COUNT	IY	Balti	more	136 INSIDE CITY LIMITS?	130.STREET AD 6712 Bo	oston A		222
The same of	14_FA	THER'S NAME FIRST	M	IDDLE	LA:	ST	15. MOTHER'S MAIDEN N		MIDDLE		LAST
(E)		George		layes		ght	Ella			Robins	son
medico	16a V	AS DECEASED EVER		NED FORCES? WAR OR DATES!		1. SECURITY NO.	Josephine M	. Wright	(Wife)	(Same a	as 13e)
I .		18. CAUSE OF DEATH	H (Enter only	one couse per	line for (o).	(b), and (c)					OXIMATE INTERVA
roumotic event,		Conditions, if ony,	which	DUE TO, O	R AS A CON	iac Tamp ISEQUENCE OF e poster	onade rior left ven	tricular	myocard	dium	
injury, or other troumotic event,	ION	Conditions, if ony, gove rise to imm couse (o), softing underlying cause	which which redicte g the lost	DUE TO, OI (b) 1 DUE TO, OI (c) 1 DIE TO, OI	R AS A CON R AS A CON	ISEQUENCE OF e poster ISEQUENCE OF	rior left ven	MINAL DISEASE (or condition	GIVEN IN PART	
nows ony injury, or other troumotic event	TIFICATION	Conditions, if ony, gove rise to imm couse (o), stofine underlying cause	which which redicte g the lost	DUE TO, OI (b) 1 DUE TO, OI (c) 1 DIE TO, OI	R AS A CON R AS A CON	ISEQUENCE OF e poster ISEQUENCE OF	rior left ven	MINAL DISEASE (OR CONDITION		DINGS USED
tem 18 shows ony injury, or other troumotic event	CAL CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), softing underlying cause	which nediote g the lost lost wificant CC	DUE TO, OI DUE TO, OI (b) 1 DUE TO, OI (c) 1 DUE TO, OI 1% CONDITIONS CC	R AS A CON R AS A CON DUTRIBUTION ITION FOR V PE INJURY M. MONT	SEQUENCE OF PERSON OF THE PROPERTY OF THE PERSON OF T	T NOT RELATED TO THE TER	MINAL DISEASE C	DR CONDITION SY? 20b. II IN CE	FYES, WERE FINERTIFYING CAUS	DINGS USED SES OF DEATH'
shows ony injury, or	MEDICAL CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), stating underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT 21a ACCIDENT WAS UND OR CONTRIBUTING CO	which nediate g the lost NIFICANT CO ION BERLYING AUSE OF DEAT (AL EXAMINER) RED	DUE TO, OI DUE TO, OI DUE TO, OI DUE TO, OI 19b. CONDITIONS CO R AS A CON R AS A CON DITION FOR V OF INJURY M. OF INJURY OF INJURY	SEQUENCE OF SEQUENCE	T NOT RELATED TO THE TER	ZOG AUTOP	DR CONDITION SY? 20b. II IN CE	FYES, WERE FINERTIFYING CAUS	DINGS USED SES OF DEATH'	
or Nem 18 shows ony injury, or		Conditions, if ony, gove rise to imm couse (01, stoting underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT 21a ACCIDENT WAS UND OR CONTRIBUTING CURRENT WEDIC CURRENT WHEN CONTRIBUTING TO COLOR WHILE DOLLARS AND ACCIDENT WEDIC L TO COLOR WEDICAL T	which nediote g the lost the l	DUE TO, OI (b) L DUE TO, OI (c) DUDITIONS CO 196 CONDI 196 CONDI 216 TIME O HOUR A. P. 216 PLACE: (AT HOME STE	R AS A CON R AS A CON ONTRIBUTIN ITION FOR V OF INJURY M. MONT M. OF INJURY REEL FACTORY (The deceased of the deceas	SEQUENCE OF SEQUEN	T NOT RELATED TO THE TER ON WAS PERFORMED 216. HOW INJURY OCCU	ZOG AUTOP	DR CONDITION SY? 20b. II IN CE NO	FYES, WERE FIN ERTIFYING CAUS YES	DINGS USED SES OF DEATH' NO [] 2)
f Hem 21 is marked or Hem 18 shows any injury, or		Conditions, if ony, gove rise to imm couse (0), stating underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a ACCIDENT WAS UND OR CONTRIBUTING C CURR WHILE NOTIFY MEDIC 21d INJURY OCCURR WHILE NOTIFY MEDIC 21d I certify that (1) Sow the decease	which nediote g the lost the l	DUE TO, OI (b) L DUE TO, OI (c) DUDITIONS CO 196 CONDI 196 CONDI 216 TIME O HOUR A. P. 216 PLACE: (AT HOME STE	R AS A CON R AS A CON ONTRIBUTIN ITION FOR V OF INJURY M. MONT M. OF INJURY REEL FACTORY (The deceased of the deceas	SEQUENCE OF SEQUEN	T NOT RELATED TO THE TER ON WAS PERFORMED 216. HOW INJURY OCCU 216 LOCATION 51REET 26, 19 8	200 AUTOPY YES TO THE NATULE TO THE NATULE AND THE	DR CONDITION SY? 20b. II IN CE NO	F YES, WERE FIN ERTIFYING CAUS YES	DINGS USED SES OF DEATH' NO
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DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

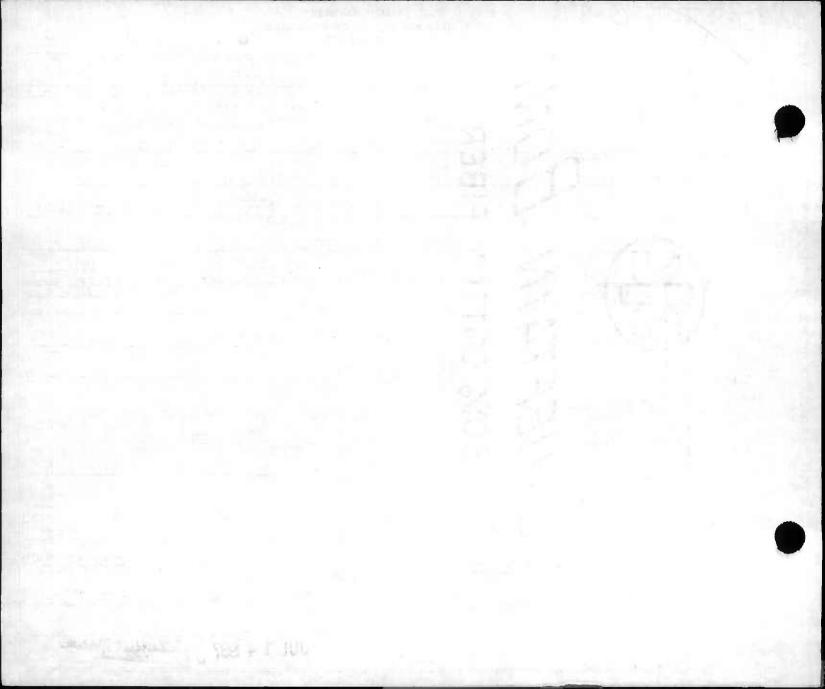


59668	1-	Ly 16-87 state REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 7	19	2	3 5
D.	I DEC	EASED NAME FIRST	M	IDDLE		AST	20 DATE OF DEATH		YEAR	2b HOUR
. 76		OR PRINT)			IDIO	ım ID	T _a			9:50P
0 000	3 200	ROBERT	4 RACE		5. DATE C	IT JR.	JULY 11.	1987	ER I YEAR	IF UNDER 24 HRS
1 1	1, 5E)				MONTH	DAY YEAR	5.0	MONTHS	DAYS	HOURS MIN
8 9.5		MALE	BLAG			JARY 4, 1931	56 9 BALTIMORE CITY O	YRS OF D	EATH	
2 20 00		RTHPLACE (STATE OR FOREIGN		VHAT COUNTRY	MARRIE	DEN NEVER MARRIED				
1 1 30		ARYLAND	U.S.		WIDOWI		BALTIMORI		KINDO	MD. OF BUSINESS OR
1 11 1-	10 C1	TY OR TOWN OF DEATH		FACILITY, GIVE STREE		OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST C		DUSTRY	F BUSINESS OR
11 2	F	ORT HOWARD		CAL CENT			STEELWORKI	ER		
22 hour	30 S	AL RESIDENCE (IF NURSING HOME TATE 136 CO	OR OTHER INSTITUTION O	GIVE RESIDENCE BEFOR	VN	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS A	ZIP CODE ELAND AVE	ENUE	21215
4 44		THER'S NAME		LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE		LAS	T
1 11300	D	ROBERT	MIDDLE	WRIGH	т	MARIE	MIDDE		NELS	
advantage of the control of the cont	()	VAS DECEASED EVER IN U.S. A	GIVE WAR OR DATES)	166 SOCIAL SEC 213 28	URITY NO.	Etta M. Wrig CLIN. RECDS.	ht 5604 G	roveland	Av.	enue
3 52 50	Y		COREAN			ICLIN. RECOS.	VALIG, FI.	iownide, i		IMATE INTERVAL ONSET AND DEATH
1 191		PART I, DEATH WAS CAU	anly one cause per SED BY:			RATORY ARREST			BETWEEN	DNSET AND DEATH
or the death correcteding in remove Carbon commons Carbon control cont	14.5	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b) DUE TO, OR	R AS A CONSEOU END STAG R AS A CONSEOU PROBABLY	E BRA.	IN STEM INFARO	CTION			
五 五 五 5 5 9		DARKS OTHER SIGNISIS AND				NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN	PART 1	0
1 510 5	NO	GASTRO INTES			DEATH	THO I KEEPIED TO THE TERM	MINAL DISEASE ON CO.			
har ing	PICATIO	90. DATE OF OPERATION			H OPERATIO	N WAS PERFORMED	20s AUTOPSY?	20b. IF YES, WEI		
28 25 500			-				YES NOKK	YES 🗌		ИО 🗌
CLAN. 1	AL CERT	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)	DEATH HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I C	OR PART 2)	
Therdon the buck and Me	MEDIC	21d. IN JURY OCCURRED NOT WHILE AT WORK	21e PLACE (OF INJURY LEET, FACTORY, OFFICE	FARM, ETC.)	21f LOCATION STREET	CITY OF TO	OWN C	OUNTY	STATE
A A A A A A A A A A A A A A A A A A A		22a I certify that (I) (this ha	spital) attended the	e deceased fram	6/23	19_86	, ta7/11	. 19	87	that (1) (we) last
A 7 8 1 1 1		saw the deceased alive	on 7/11	19_		nd that in (my) (aur) apinian	death accurred on the d	ate and haur and	fram the	causes stated
A DE LE	1	above, (1) (we) (did) (did	nat) view the bady	after death.		DEGREE			22c. DATE	SIGNED
TAL OR TAL OR DESCRIPTION OF THE PROPERTY OF T		affords Ru					MEDICAL STA		JULY	12, 198
HOSPIT.		ALONZO RO				VA MEDICAL	CENTER FT.	HOWARD,	MD.	21052
5 5 5 5 3 3	23a	PLIBIAL CREMATION REMOV		230	NAME OF	CEMETERY OR CREMATORY	23d LOCATION			
BP		Eurial	7/16	/87	Garri:	son Forest Vet	Cwings	Mills	INTY	Md̂⁵

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial 7/1
24 FUNERAL DIRECTOR
NAME
Wm. C. March F/H West 4300 Wabash Avenue

Garrison Forest Vet Cwings Mills



cremionion

CERTIFICATION

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20. DATE OF DEATH MONTH 26 HOUR 4 RACE DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IE LINIDED TAMOS YEAR BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED ISALTIMORE WIDOWED DIVORCED ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET JOSEPH 1-tosp, TAL KMAN USUAL RESIDENCE LIF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 136 COUNTY HARFORD 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 44-FALLSTON BOK 893-00 MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IAL SECURITY NO 17 INSORMANT ADDRESS (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) WARD 2 YET M 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Franklation 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

couse (a), stating underlying couse lost. mastive 19a DATE OF OPERATION YES [21a ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN (AT HOME, STREET, FACTORY OFFICE FARM, ETC.)

NOT WHILE AT WORK 220.1 certify that (1) Ohis haspital) atteaded the deceased from. July 10

and that in (my) our) opinion death occurred on the date and hour and from the causes stated

COUNTY STATE

22b. SIGNATURE Therewo Uthrostel

22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

7-10-87

STATE

22d PHYSICIAN'S NAME (TYPE OF PRINT)

THE BERIAL CREMATION REMOVAL

REGISTRAR DECEASED NAME

(TYPE OR PRINT)

COUNTRY

14 FATHER'S NAME

3. SEX

A SAVATOREZMO

DEGREE

23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS 120 8R PIERRE

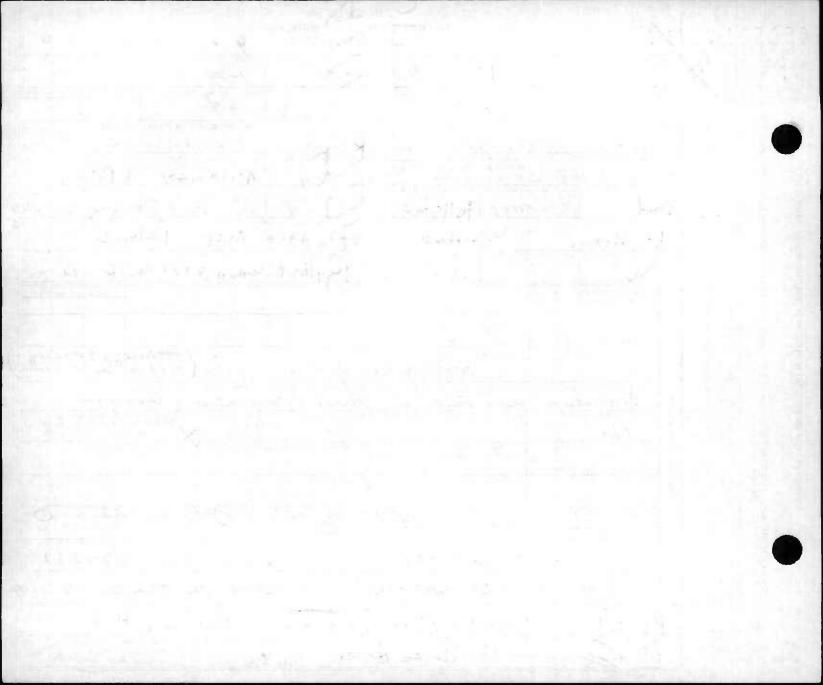
DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT

Aller SO 76 FUNERAL DIRECTOR

23b. DATE

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



the attending physician and completely filled in by the funeral director, page 3 per sensor carbon papers. Pages 1 and 2 shauld be filled with 72 hours after death and sensor on removal.

TO FUNERAL DIRECTOR After this certificate from these

BP.

DHMH - 16 60M 7/8

(VRA 15, 4)

тау be

death. Page

	FOR
-	STATE
	DECICTRAD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	1	9	7	3	1
REG. NO.			Go-dit		1

Olai	, REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		
	DECEASED NAME FIRST JEROM	E YAN	NKELLOW	JULY 26,198		12:05 A
3. S	MALE	4. RACE WHITE	5. DATE OF BIRTH MONTH DAY FEB. 22, 1915	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR MONTHS DAYS YRS	HOURS MIN.
70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARY LAND	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED UNIDOWED DIVORCED	BALTIMORE CO		MC
Mary Mary	CITY OR TOWN OF DEATH RANDALLSTOWN	11. NAME OF HOSPITAL NURSING		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK BUTCHER		F BUSINESS OR
13a	SUAL RESIDENCE (IF NURSING HOME OF STATE ARYLAND BALT	NTY 13c CITY OR TOWN	LE YES NO TO	7409 KATHYDAL	E RD. (2	1208)
I4.	JOSEPH	YANKELLOW	V FMARY	WIDDLE	GOLDBER	
160	WAS DECEASED EVER IN U.S. AR	T ARMY 220-09-8		YANKELLOW 740	9 KATHYDA	LE RD.
	PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate couse (o), storing the	TE CAUSE (b)	LL Myscalden	· Ou garet	win /:	5 mm
ATION		CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	28e AUTOPSY2 28b	IF YES, WERE FINDIN	GS USED
AL CERTIFICATION	THE CONTRACTOR OF 1 PAINTS OF THE	HOUR A.M. MONTH DA	AY YEAR	VES NO NO NO IN C	CERTIFYING CAUSES YES [] In 18 Part ORPORT []	NO [
MEDICAL	214. INJURY OCCURRED WHILE GOVERNMENT ACTIONS ACTIONS ACTION ACTIO	F.M. Jie PLACE OF INJURY 141 HOW, URIST FACTORS OFFICE CA	19 2H LOCATION 11MLF	Em on town	EQUHIT	51419
	274.1 certify that (I) (the beg saw the decreased abve or obove, (I) and (did no 274. SIGNATURE	or view the body arts, death.	DEGREE ATTENDING	death occurred on the date on	id hour and from the	SIGNED
7	22d PHYSICIANS NAME TYPE OF THE PHYSICIAN S N	Veinson, M.D	226 ADDRESS 220 ADDRESS	any have	Bell, 4	182121
	a. DUNIAL, LIKEMATION, KEMOVAI					
230	BURIAL		NAI ISRAEL CEM.	BALTIMORE	COUNTY	YLAND

JUL 3 1 1887

	7				G630 8/11S			HYGIENE			
061084 1	12	9-17 Per.	Med. Exa	11114	DICAL EXAM				REG. NO.	9 2	3 8
00	T. DE	CEASED NAME	FIRST		MIDDLE		AST	OF OF	KNOWN X		YEAR 26 HOUR
ESSE SE	1.56	10	Phil RACE IS	Sta DATE OF BIRTH	anley		Ork DER 1 YR. TIF UNDE	DEATH	MATED .	7/ 24,	17.1
ARY, R. 1 DREC YOUR F	0	Ale .	col.	8-11-	-67 19			MIN PRONOU DE AI	NCED D	7/24/	19 87 3:00 P M
	70. B	RTHPLACE (STAT	and	L. CITIZEN OF WI	S, A	8 MARRIE WIDOWE	D NEVER MAR	RIED 4	norecity <u>or c</u> ltimore		
PERVISE OTHER PERCES	1	PHILIM	DEATH I	(IF NOT IN SUCH FA	SPITAL, NURSING HO CILITY GIVE STREET ADDRESSION PLACE	55)	RINSTITUTION	PR MOST WO	PATION (TYPE OF	WORK 12h KII	ND OF BUSINESS R INDUSTRY
AND 3 THE PROPERTY OF THE PROP	130 5	AL RESIDENCE (# TATE ATUIN	IN NURSING HOME OR O	timore	131 PAY OR TOW	, N	3d. INSIDE CITY LIMITS?		es ynndi	Sow	2 21217 Ave
See		THER'S NIME	1 STA	nley	York	SR.		EN NAME	MIDDLE	Bel	y s
EALTHAGE SATER DE SOVE PAGE WITH FORM I PAGES I (RE DIVISION O	160. \	VAS DECEASED (ES, NO, OR UNKNOW)	EVER IN U.S. ARME (IF YES, GIVE WA		16 SOCIAL SECU	JRITY NO.	mr. Chi	mles lun	Ters 121	FIRT S	disonAve
1 X 3 0/		18 CAUSE OF E	H WAS CAUSED B	Y:	for (o), (b), and (c).)	I	itoxicatio	on		BETY	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
			if ony, which	1	AS A CONSEQUEN	CE OF					
			to immediate oting the <u>under-</u> lost.	DUE TO, OR	AS A CONSEQUEN	CE OF					
CORDS, 2 BE EXECU VDING" I EDICAL E IS A BURI LITH AND REMATIO	Z	PART 2 OTHER SIGNI	FICANT CONDITIONS COI	TRIBUTING TO OEATH	BUT NOT RELATED TO THE	TERMINAL DISEASE	OR CONDITION GIVEN IN P	ART T : a .			
JID BI JID BI PENICED AS	CERTIFICATION	19a. DATE OF O	PERATION	196. CONDI	TION FOR WHICH O	PERATION WA	S PERFORMED?			20 A	AUTOPSY?
F VITA	IF										res 🔃 NO 🗌
DIVISION OF VITAL RECORDS, 201 W. S CERTIFICATE SHOULD BE EXECUTED W. RITING THE WORD "PENDING" IN PEN PROED TO THE CHIEF MEDICAL EXAM, BE 3 SHOULD BE USED AS A BURIAL-TR E DEPARTMENT OF HEALTH AND MENI. OI PRIOR TO BURIAL, CREMATION, OR	CALCE	210 EXTERNAL OUNDERLYING CONTRIBUTING	CAUSE WAS OR Prima CAUSE OF DE	216. TIME OF HOUR A.M	MONTH DAY Y	EAR	w MUNITY OCCURR	ed tenter nature of the	IJURY IN ITEM 18 PART	1 OR PART 2)	
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WERECUTE THE CERTIFICATE SHOULD BE EXECUTED WERECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENPAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINATION FAIRE DEPARTMENT OF HEALTH AND MENIBALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR	MEDICAL	WHILE AT WORK	CURRED NOT WHILE AT WORK	2Te PLACE (STREET, FACT HOTT	TORY, FARM, ETC.)	ST	ATION REET 547 Paskir	Place. P	baltimore	COUNTY	STATE
ATE, TA ATE, ORW ORW F: PV JD, 2		22a I certify	that I took charge o	of the remains des	cribed above, held a	in Autops				my opinion	TOTAL .
MAIN TIFIC BE F TH TH TH TH	1	death resulted	from: Natural	couses ,	Accident .	Suicide .	Homicide .	Undetermined m	onner 🔀,		
HE CER HHOUID HOUID HATH, WI RE, MAR	A	ACTUAL SIGNATURE	Mary	1 Str	re Thele)M.	Assistan	t_MEDICAL EXAM	MINER	DATE SIGNED	7/25/87
MEDIC ECUTE 1 AGE 4 S FUNE TER DE	2	EXAMINER'S NA (TYPE OR PRINT	AME Mar	garita A	. Kørell,		DDRESS	111 Pe	nn St.		1
07/84 BP 686	0	Burit	ON, REMOVAL 236.	7-30-8	7 mt.	Zion	CREMATORY Cem.	23d LOCATION CITY OF OWN	16,	EO,	The !
25M DHMH - 17 (VR A15 ME (5))	24 7	NAME NAME SEAP	L, K	USS 2	222 411 1	on the	MP. JUL	PEC'D BY REGISTRA	AR 256 REGISTR	AR'S SIGNAT	URE

ST	ATE	OF	MAR	YLAND
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58654 33	1			STATE OF MARYLAND		
	1 4	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		0 2 7 9
	1 DEC	TEASED NAME FIRST	WIDDLE	LAST	KEG, NO.	DAY YEAR 26. HOUR
y be		OR PRINT)	ARIE	ZACHMAN	Part	12.4
mon mon	3 SEX		4. RACE	S. DATE OF BIRTH	6. AGE (FEARS LAST BIRTHDAY)	MONTHS DATE HOURS MIN.
nector		Female	White	7/7/95	91 YR	s.
2 hod 2		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	() VILL
deoi deoi		W Jersey	U.S.A.	WIDOWED X DIVORCED		M
by the lifed with		tonsville	(IENOT IN SUCH FACILITY, GIVE STREE		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Homemaker	G LIFE) 126. KIND OF BUSINESS O INDUSTRY Own Home
hour hour		TATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR	The restriction of the second	13e STREET ADDRESS / ZIP CO	ODE
fille ould		aryland Howa		tt Citys X NO [air Dr. 21043
tely 2 sh	14 FA	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N		TAST
by ldm / wsc	1	(UNKNOWN)	Lehleit	ter Bertha	MODILE.	(UNKNOWN)
d co		AS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC		ADDRESS	21043
Pog Pog	(1	NO		-7214 Howard C.	Zachmann 28	32 Montclair
death certificor		PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUE	red Heart D	my DISEASE	APPROXIMATE INTERVAL BETWEEN ONSELAND DEALY
been requires that I been remed by I amy fries plade of community, de office	CERTIFICATION	underlying cause last		DEATH BUT NOT RELATED TO THE TER	200 AUTOPSY? 20b IF	GIVEN IN PART 110 YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
21 11110	RTIF				YES NO	YES NO
Clark a physical colorent by 183		210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM	IS RARI OR PART 2)
STAYS otherdon the flor cand Me for the double floor	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE	PARM, ETC] 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDRO OPERATE OF SECTOR. At of Health in 21 is mo.		saw the deceased alive ar above, (l) (we) (did) (did no	nital) atterded the deceased fram, n19_ at view the body at 1 1001h.		to to the date and	
RALDING CONTROL OF THE PROPERTY OF THE PROPERT		226 SIGNATURE	Muc Sun		MEDICAL STAFF DIRECTOR PHYSICIAN	G///X)
O HOSPIT.		220 PHYSICIAN'S NAME (TYPE OF	m) Mo	27e ADDRESS	1 BAIT NA+ B	1cc Echd
WP O HOUSE						
10 H	23o B	URIAL, CREMATION, REMOVAL	July 8, 1987	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

dringelister twee years of the political line of the tarmet fortantle 1-day Res Posses and Asses of the Court of the Cou

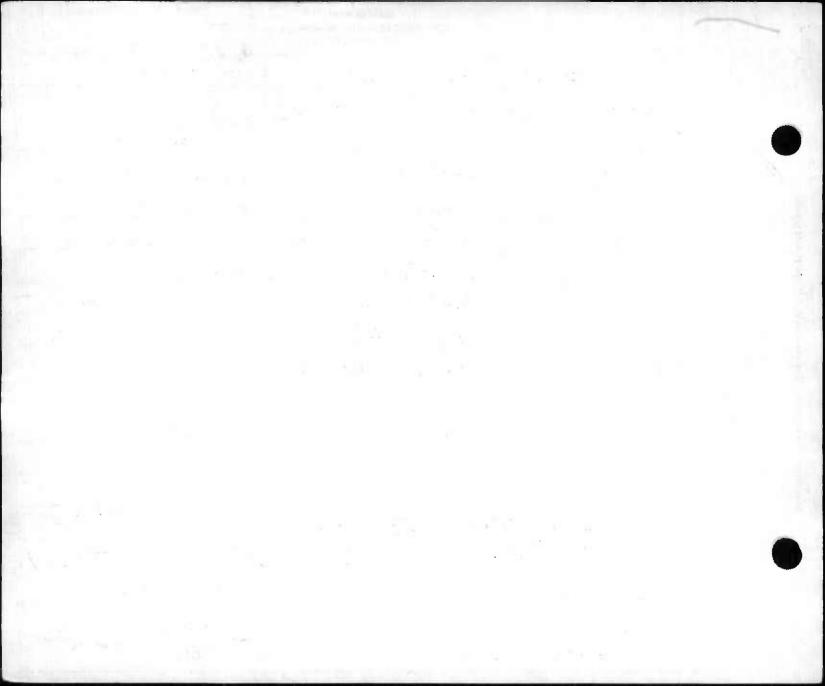
the attention providing any completely filled in by the funeral director, page 3 remove carbon pages. Pages 1 and 2 should be filled within 72 hours after death amount. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 rement the medical exem TO FUNERAL DIRECTOR. After this certificate from the should be detached for use as the burial-transitions with the State Dept. of Health and Membal Hygner DIMPORTANT; if them 21 is marked at Item 18 shown in TO HOSPITAL OR ATTENDING PHYSICIAN The liberationed by the hospital or ottending physician.

STATE OF MARYLAND

	1	FOR STATE		DEPARTM	LENT OF H	EALTH AND MENTAL HYG	IENE			
18		REGISTRAR			CERTIFI	ICATE OF DEATH	REG NO	0.1.0	.)	1 (3
			RST	MIDDLE	17	AST	20 DATE OF DEATH	MONTH DAY	-TEAR	26 HOOR
1	(TYPE (OR PRINT)	LTON	С.	ZE	ILER	July 13,	1987	40.3	3:02 M
3.	. SEX		4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIR	HDAY) IF U	NDER I YEAR	HOURS MIN.
		Male	Whi	te	Dec	0 - 1 - 0 -	89	YRS	DATS	MIN.
75		THPLACE (STATE OR FORES	GN 76 CITIZEN OF	WHAT COUNTRY?	8 MADDIE	NEVER MARRIED	9 BALTIMORE CITY O			
1		MD	US		WIDOWE	D DIVORCED	Baltimo			MD.
7 10	0 CIT	TOWSON	LIE NOT IN SUC	HOSPITAL, NURSING CHEACILITY, GIVE STREET A OSEPN'S	ODRESSI	ital	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Teller-	F WORKING LIFE)	NDUSTRY	Business or
U	USUA 3a Si	L RESIDENCE HE NURSING	HOME OF OTHER INSTITUTION	GIVE RESIDENCE BEFORE		1134 INSIDE CITY LIMITS?	13e STREET ADDRESS	7IP CODE		
5	134 0	MD	COUNT	Balto		YES X NO		Paul :	St.,	21218
14	4. FA1	THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE		LAST	
2		John	Model	Zeiler		Catherine	MIDDLE	True	schle	er
16		AS DECEASED EVER IN 1	J.S. ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
4	1	VO	YES GIVE WAR OR DATES!	212 03	1764	Kathleen Z	orbach, 1	Balto.		MATE INTERVAL
	NOI	Conditions, if any, who gave rise to immed cause (a), stating underlying cause I	nich (b) the option of t	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO D	NCE OF	Marchitus NOT RELATED TO THE TERM		DITION GIVEN	5N	n-dans IIN
7	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO Z	206. IF YES, W JM CERTIFYIN YES [G CAUSES	
		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	SE OF DEATH HOUR A	DF INJURY .M. MONTH DA .M.	Y YEAR	21¢ HOW INJURY OCCURE				140
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME ST	OF INJURY REET FACTORY, OFFICE FA	ARM_ETC }	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
		220 I certify that (I) (the saw the deceased a	s hospital) attended the	12			ta death accurred on the de	ate and hour an		at (we) last
			Tale Hel Feet Inc Dody							0.100.100.000
		77b. SIGNATURE	7 Sell		N	ATTENDING PHYSICIAN	DICAL STAI		22c DATE	14/87
1		776. SIGNATURE	7 Sell		- h	ATTENDING	DIRECTOR PHYSIC	IAN 🗌	7/1	14/87
7	23a B	776. SIGNATURE	7 Sul (TYPE OR PRINT) rt B. Bel	1, Md	IAME OF C	ATTENDING PHYSICIAN PARTIES 3501 St. E	DIRECTOR PHYSIC	Balto.	, MD	· STATE

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STATE OF MARYLAND

	- STATE REGISTRAR			DEPARTM	CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	19	24
	ASED NAME	FIRST		DDLE		AST	20. DATE OF DEATH M	ONTH DAY	YEAR 26 HOUR
		obert	(NM	I)		ker			87 0
3. SE		4 R			S. DATE O		6. AGE I IN YEARS LAST BIRTHI	MONTHS	
	Male	44.5	Whi		5	°3 1920	67	YRS	
	SIRTHPLACE (STATE O COUNTRY) Vew Jersey			HAT COUNTRY?	MARRIEL	DIVORCED D	Baltimore city or		
	ity or town of di Oundalk		(IF NOT IN SUCH	OSPITAL, NURSING FACILITY, GIVE STREET A LYMOUTH W	ADDRESS)	ROTHER INSTITUTION	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V Engineer	WORKING LIFET IND	KIND OF BUSINE
13a. S	JAL RESIDENCE (IF NU STATE aryland	136. COUNTY Baltin		IVE RESIDENCE BEFORE 13c. CITY OR TOWN Dundalk		13d. INSIDE CITY LIMITS? YES NO 🔀	13e STREET ADDRESS / 7400 Waymou	zip code uth Way/	21222
	ATHER'S NAME FIRST	MIDDI	LE	Zenker		IS. MOTHER'S MAIDEN NAME FIRST	ME MIDDLE		Poľľack
	WAS DECEASED EVE (YES, NO PRUNKNOWN)	R IN U.S. ARMED		103/03/7		Marion G. Ze	ADDRES enker (wife s	0	13e.)
	Conditions, if on gove rise to in couse (o), stol	nmediote	DUE TO, OR	AS A CONSEQUE		cincu			15 was
13	underlying cou	se lost.	(c)	NITRIBUTING TO D	SATH BUT	NOT BELATED TO THE TERM	INIAI DISEASE OR CONDI	TION GIVEN IN E	PART 10
TIFICATION		SE lost. GNIFICANT CON	DITIONS <u>CO</u>			NOT RELATED TO THE TERM	20a AUTOPSY?	20b IF YES, WERE	PART 1101 E FINDINGS USED CAUSES OF DEATI
CAL CERTIFICATION	PART 2 OTHER SIG	SOUTH CON	196. CONDIT	ION FOR WHICH	OPERATIO		200 AUTOPSY? YES NO S	206 IF YES, WERE IN CERTIFYING C YES [E FINDINGS USED CAUSES OF DEATI
MEDICAL CERTIFICATION	PART 2 OTHER SIG	ATION ATION DERLYING CAUSE OF DEATH DICAL EXAMINER) RRED	19b. CONDIT 21b. TIME OF HOUR A.M P.M 21e. PLACE O	INJURY MONTH DA	OPERATION AY YEAR 19	N WAS PERFORMED	200 AUTOPSY? YES NO S	20b IF YES, WERE IN CERTIFYING C YES IN ITEM 18 PART I OR	E FINDINGS USED CAUSES OF DEATI
	PART 2 OTHER SIG	ATION ATION DERLYING CAUSE OF DEATH DICAL EXAMINER) RRED WHILE OPE	19b. CONDIT 21b. TIME OF HOUR A.M P.M 21e. PLACE O (AT HOME, STRE	INJURY MONTH DA	OPERATION AY YEAR 19 ARM. ETC.)	211. LOCATION STREET 19 d that in on our) opinion of	200 AUTOPSY? YES NO STREET NATURE OF INJURY CITY OR TOWN	20b IF YES, WERE IN CERTIFYING O YES IN ITEM 18 PART I OR	FINDINGS USED FAUSES OF DEATH NO PART 2) UNITY st rom the couses sto
	PART 2 OTHER SIG	ATION ATION ATION DICAUSE OF DEATH DICAL EXAMINER) RRED WHITE DISTRIBUTION ROUGH	19b. CONDIT 21b. TIME OF HOUR A.M P.M 21e. PLACE O (AI HOME. STREET)	INJURY . MONTH DA . FINJURY ET, FACTORY, OFFICE, F	OPERATION AY YEAR 19 ARM. ETC.)	211. LOCATION STREET 19 d that in conjugation of physician physician	200 AUTOPSY? YES NO STEED (ENTERNATURE OF INJURY CITY OR TOWN deoth occurred on the date	20b IF YES, WERE IN CERTIFYING C YES IN ITEM 18 PART I OR N COI 19 e ond hour ond It	FINDINGS USED AUSES OF DEATI NO PART 2) UNITY ST
	PART 2 OTHER SIG	ATION ATION ATION DICAUSE OF DEATH DICAL EXAMINER) RRED WHITE DISTRIBUTION ROUGH	19b. CONDIT 21b. TIME OF HOUR A.M P.M 21e. PLACE O (AI HOME. STREET)	INJURY . MONTH DA . FINJURY ET, FACTORY, OFFICE, F	OPERATION AY YEAR 19 ARM. ETC.)	21c. HOW INJURY OCCURR 21l. LOCATION STREET 19 theat in Goy Jour) opinion of DEGREE ATTENDING	200 AUTOPSY? YES NO STAFF NO STAFF CITY OR TOWN ACCOUNTED On the date	20b IF YES, WERE IN CERTIFYING OF YES TO THE TERM IS PART FOR NO COLUMN 19 8 e and hour and It	PART 2) That 1 was a state of the course sto can be course sto can be course sto can be called a state of the course sto can be caused as the cause sto can be caused as the cause sto can be caused as the caused

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should be detoched for use os the buriol-transit permit. Then please remove corbon with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rem

TO FUNERAL DIRECTOR: After this certificate has been

ottending physicion.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH Albert Zinkhan, SR. July 17, 1987 5 DATE OF BIRTH August 1, 1916 White 70 TE CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore County WIDOWED DIVORCED [NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 14423 Jarrettsville Pike, Phoenix Heavy Equip. Construction 13e STREET ADDRESS ProDE Md. 21131 13d INSIDE CITY LIMITS? Phoenix 14423 Jarrettsville Pike, Phoenix Ruth Hannibal Zinkhan Eva Pike 21131 166 SOCIAL SECURITY NO 17 INFORMANT Mrs. Rose M. Zinkhan, 14423 Jarrettsville 212-09-1460 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for to ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 20h IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH?

		The state of the s		120
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITE	w 18 PART I OR PART 2)
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
22x 1 certify that () (the hospital) say: the deceased alive on goove, (1) (well (did) last not vill 22x 3/5/NATARE	ew the body ofter death.		occurred on the date onc	, 19 that (I) (we) last hour and from the causes stated

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old be detached the State Dept

MPORTANT

73s BURIAL CREMATION, REMOVAL 23b. DATE Burial

FOR - STATE

Male

70 BIRTHPLACE

Maryland

Maryland

Yes, NO OR UNKNOWN

4 FATHER'S NAME Benjamin

CERTIFICATION

Phoenix

PART I. DEATH WAS CAUSED BY

Conditions, if ony, which gove rise to immediate couse

190 DATE OF OPERATION

3. SEX

REGISTRAR

Theodore

Balto.

IN U.S. ARMED FORCES

IMMEDIATE CAUSE

4 RACE

USA

23¢ NAME OF CEMETERY OR CREMATORY Dulaney Valley Mem. Gar.

23d LOCATION

PHYSICIAN DIRECTOR PHYSICIAN

Timonium,

Lemmon-Mitchell-Wiedefeld, 10 W. Padonia RD.

7/20/87